



Good Hope Preschool's mission is to introduce children to Jesus Christ, our Lord and Savior, through a Christian-based program aimed at balancing social/emotional development, physical development, cognitive development, language development, and spiritual development in a loving, structured, age-appropriate environment.

## STUDENT REGISTRATION

FIRST NAME <small>PREFERRED NAME</small>		LAST NAME	
DATE OF BIRTH		MALE OR FEMALE	
STREET ADDRESS		CITY	
ZIP CODE	EMAIL		
ALTERNATIVE EMAIL			
FATHER'S NAME		MOTHER'S NAME	
OCCUPATION		OCCUPATION	
CELL PHONE		CELL PHONE	
ALLERGIES:			
WITH WHOM DOES THE CHILD RESIDE? <input type="checkbox"/> BOTH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER: _____			
RELIGIOUS AFFILIATION OR LOCATION OF CHURCH MEMBERSHIP			

## CLASS PREFERENCE

THIS DOES NOT GUARANTEE A SPACE

FIRST CHOICE: \_\_\_\_\_ ADD TO WAITLIST FOR FIRST CHOICE? YES OR NO

SECOND CHOICE: \_\_\_\_\_ ADD TO WAITLIST FOR SECOND CHOICE? YES OR NO

2s	MONDAY/WEDNESDAY	9:00-12:00
2s	TUESDAY/THURSDAY	9:00-12:00
3s	TUESDAY/THURSDAY	9:00-12:00
3s	MONDAY/WEDNESDAY/FRIDAY	9:00-12:00
4s	MONDAY/TUESDAY/WEDNESDAY/THURSDAY	9:00-12:00

WHAT LANGUAGE OTHER THAN ENGLISH IS REGULARLY SPOKEN AT HOME?  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SIBLING? NAMES & AGES \_\_\_\_\_

HAS YOUR CHILD HAD PREVIOUS EXPERIENCE WITH A DAY CARE (YES / NO) OR PRESCHOOL (YES / NO)?

IS THERE ANYTHING WE HAVEN'T ASKED THAT MIGHT AFFECT YOUR CHILD'S CARE AND EDUCATION THAT YOU WOULD LIKE TO SHARE? \_\_\_\_\_

MY CHILD IS CURRENT ON ALL REQUIRES IMMUNIZATIONS AND I UNERSTAND GHP DOES NOT ACCEPT ANY IMMUNIZATION WAIVERS/EXEMPTIONS.

I UNDERSTAND FIRST TUITION PAYMENT IS DUE JUNE 1ST FOR REGISTERED STUDENTS ~ THIS PAYMENT IS NONREFUNDABLE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE