



Student Registration 2019-2020

Hope Chapel Preschool

6175 Old Jenks Road
Apex, North Carolina 27523
(919)362-4321

<i>For office use only</i>	
Class _____	Days _____
Amt. _____	Check # _____
Start Date _____	Paid _____

Please complete and turn in to HCP office or mail to HCP, along with Registration fee of \$100/per child, \$125 for Transition Class. First tuition payment due August 1st of the enrolled school year.

Child's Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Home Telephone # _____

Child's Date of Birth ____/____/20____ Male _____ Female _____

Mother's Name _____ Mother's Cell # _____

Work # _____ E-mail _____

Father's Name _____ Father's Cell # _____

Work # _____ E-mail _____

Emergency Contacts (if we are unable to reach either parent/guardian)

1. Name _____ Relationship _____

Phone Numbers (H) _____ (W) _____ (C) _____

2. Name _____ Relationship _____

Phone Numbers (H) _____ (W) _____ (C) _____

Additional Info about your child:

Is English the primary language spoken in your child's home? Yes No

Dietary Needs: Vegetarian / Milk Intolerance / Food Allergy (be specific) _____

Non-Food Allergies _____

If your child has allergies, is an Epi Pen necessary? Yes No

Is your child currently receiving medical / therapeutic / development services at this time? Yes No

If yes, please list and submit info regarding these services _____

Does your child have other Special Needs we should be aware of? _____

What is your child's previous preschool experience? _____

PLEASE SIGN AND INITIAL BELOW AS INDICATED:

Registration Fee: The registration fee is \$100.00 (\$125 for TK) for each student and is non-refundable after the child is placed. I understand that the only time my registration fee is refundable is if my family moves from Wake County before preschool begins.

PLEASE INITIAL: _____

Immunization Requirement: All children attending HCP must be up to date on immunizations by the first day of school. A copy of your child's immunizations must be turned with the first tuition to ensure enrollment to Hope Chapel Preschool. Please understand we do not currently accept waivers of exemption for any reason.

PLEASE INITIAL: _____

Tuition: September tuition is due Aug 1st. *(If September tuition is not received by Aug1st, we reserve the right to withdraw your child's placement.)* Tuition is non-refundable and due the next eight consecutive months thru April 1st.

PLEASE INITIAL: _____

Withdrawal: 30 days (Aug-Dec) and 60 days (Jan-May) notice is required prior to withdrawing a child. Full and/or prorated tuition through notice will be due. Written notice needs to be turned into director.

PLEASE INITIAL: _____

Photographs: I understand HCP may post my child's photograph on our website and our HCP FaceBook page. PLEASE INITIAL with your preference.

ALL Photographs OK: _____ Shutterfly ONLY (Password Protected): _____ Decline ALL: _____

Medical Emergencies: In the event of an emergency, I give HCP full consent to secure medical attention for my child.

Full Signature: _____

HCP Policies: I understand the HCP Parent Handbook is online at www.hopepreschool.net under "current parents" and agree to abide by policies outlined in the current handbook.

Full Signature: _____

Class Preferences/Comments – if applicable *(PLEASE NOTE: Making a request in NO WAY guarantees your request for a particular teacher or class will be granted! Also, your child must meet age requirements for the classes you request. Please see website for details at www.hopepreschool.net.)*

My signature indicates that I understand and agree to the policies and expectations of HCP.

SIGNATURE _____ DATE _____