

Hand in Hand preschool

Generational Hope Church

Preschool Registration Form / 2018-2019 School Year

Child's Full Name: _____ Gender: _____ Date Of Birth: _____

Mailing Address: _____ Home # _____

City: _____ State: _____ Zip Code: _____

E-mail address (for family to receive preschool-related correspondence): _____

#1 Parent/Guardian's Name: _____ Relationship to Student: _____

Cell # _____ Employer & Work # _____

#2 Parent/Guardian's Name: _____ Relationship to Student: _____

Cell # _____ Employer & Work # _____

Have you had children in our preschool before? _____

How did you hear about our preschool? _____

Do you attend Generational Hope Church? ___ Yes ___ No

Is your child presently enrolled in another preschool program? ___ Yes ___ No

If yes, which center? _____

I wish to enroll my child in the:

Morning Class Hours 9:30 am – 1:00 pm

___ 4 Days (M-TH) \$315

___ 3 Days (M, T, W or TH) \$240

___ 2 Days (M, T, W or TH) \$170

I understand that enrollment is on a first come first served basis. I understand that leaving a non-refundable \$65.00 registration fee and submitting this registration form does not guarantee my child's enrollment in the preschool. I further understand that this registration fee is only good for a period of one-year.

Signature of Parent: _____ Date: _____

** Once your registration form is received, you will receive a phone call from our director for your child's placement. You will be mailed your Policy and Procedure Handbook along with a school calendar. Thank you for your interest in Hand In Hand Preschool, and we look forward to growing with your child this year.

Preschool Director—Heidi Acker 206-396-3868
Generational Hope Church
26040 SE 216th St.
Maple Valley, Wa. 98038

EMERGENCY CONTACT SCHOOL YEAR 2018-2019

Please complete this form so that we have a record of whom to contact should an emergency situation arise.

EMERGENCY INFORMATION

Please list two emergency contacts other than parents/guardians

Name: _____ Relationship: _____

Home # _____ Cell # _____

Name: _____ Relationship: _____

Home # _____ Cell # _____

MEDICAL INFORMATION

Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency?

Doctor's Name _____ Phone # _____

MEDICAL RELEASE

In the event there is a medical emergency involving my child during the school hours at Hand in Hand Preschool at Generational Hope Church, and I am unable to be contacted, I hereby give my permission for appropriate medical treatment to be given to my child by a licensed healthcare professional.

Parent/Guardian _____ Date _____