



CHRISTIAN PRESCHOOL

New Student Registration Form (Year _____)

Child's Name: _____ Gender: Male Female

Date of Birth: _____ Place of birth: _____

Does your child have allergies? YES NO If yes, please specify _____

Emergency medication required on site? YES NO

Age as of September admission: _____ yrs. _____ mos.

Language(s) spoken at home: _____ Primary language spoken by child: _____

Parent/Guardian Information

Child lives with: (check one) Mother Father Both Parents Other _____

Parent/Guardian #1

First Name: _____ Last Name: _____

Email Address _____

Home Address: _____

Cell or Work _____ Relationship to Child: _____

Parent/Guardian #2

First Name: _____ Last Name: _____

Email Address _____

Home Address: _____

Cell or Work _____ Relationship to Child: _____

Additional Information

Please provide information about any health needs (special diet, medical concerns, etc.) or any additional information that would be helpful for the preschool team to know as they work with your child.

hopkinton

CHRISTIAN PRESCHOOL

Please select your preferred schedule option below

You may choose a combination of mornings and full days.

STUDENTS BETWEEN THE AGES OF 2.9 – 3.3 YEARS ARE ONLY ELIGIBLE FOR THE MORNING PROGRAM (9AM-12PM)

Morning-only Pricing Information (9am-12pm) Please check the number of mornings you would like your child to attend

	<input type="checkbox"/> 2 days/wk	<input type="checkbox"/> 3 days/wk	<input type="checkbox"/> 4 days/wk	<input type="checkbox"/> 5 days/wk
Morning-only (9am-12pm)	\$295 monthly	\$410 monthly	\$510 monthly	\$630 monthly

Please check which mornings you prefer for your child.

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Full-day Pricing Information (9am-3pm) Please check the number of full days you would like your child to attend

	<input type="checkbox"/> 2 days/wk	<input type="checkbox"/> 3 days/wk	<input type="checkbox"/> 4 days/wk	<input type="checkbox"/> 5 days/wk
Full-day (9am-3pm)	\$505 monthly	\$750 monthly	\$945 monthly	\$1,240 monthly

Please check which full-days you prefer for your child.

Monday
 Tuesday
 Wednesday
 Thursday
 Friday

EXTENDED DAY

Check below the days your child will stay for the extended day program *The days you choose must be less than or equal to the current days of attendance. Morning only students are not eligible to attend the extended day program.

	<input type="checkbox"/> 2 days/wk	<input type="checkbox"/> 3 days/wk	<input type="checkbox"/> 4 days/wk	<input type="checkbox"/> 5 days/wk
Extended Day (9am-3pm)	\$175 monthly	\$275 monthly	\$340 monthly	\$420 monthly

Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 (3pm-5pm)



Schedule changes are no longer permitted once the school year has begun.

Registration Fees are nonrefundable and are due at the time of registration to secure your child's spot at HCP. These fees can be paid with a check payable to Hopkinton Christian Preschool or online through the payments link on our website (www.HopkintonPreschool.org).

- \$50 for returning students in subsequent year and Faith Community Church families.
- \$125 for new families; \$75 for second child registered in program in same year.
- \$200 additional nursery fee for children entering school before their 3rd birthday to cover the cost of keeping a lower teacher to student ratio in the classroom.
- **Tuition** may be paid in full at any time or divided into nine monthly payments, due the first of each month.
Sibling Discount: 10% off applied to the lower tuition when two or more children are enrolled in the same school year.
- All enrolled students are expected to attend the entire school year and are therefore responsible for the full yearly tuition amount, regardless of attendance, unless otherwise discussed.
- **Refunds:** All registration fees are non-refundable. If a child withdraws before the school year begins, any tuition payments that have been made will be refunded. If a student should need to withdraw, once the school year has begun, no tuition refunds will be given unless the full year amount has been paid in which case, the refund amount will be discussed.

Parent/Guardian Signature _____

Date _____



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