

Please check the appropriate Box(es) to indicate whether you are registering for next school year, Summer Camp, or both.

2021-2022 School Year
What days are you interested in?
 ___ 3 Days per week
 M T W Th
 ___ 4 Days per week
 *\$55 Registration Fee

Summer Camp
What days are you interested in?
 ___ 2 Days per week
 T W Th
 ___ 3 Days per week
 *\$35 Registration Fee

NEW HOPE MORAVIAN PRESCHOOL REGISTRATION FORM 2021-2022

For Office Use Only
Date: _____
Amount: _____
Check Number: _____

Child's Full Name _____

Name by which child is most often called _____

Address (include city, state, zip) _____

Telephone _____ Present Age _____ Birthday _____

Father's Name _____ Cell Telephone _____

Email Address _____ Church Affiliation _____

Employer _____ Work Telephone _____

Business Email Address _____

Mother's Name _____ Cell Telephone _____

Email Address _____ Church Affiliation _____

Employer _____ Work Telephone _____

Business Email Address _____

- I would like to receive information about New Hope Moravian Church
- I would like to receive New Hope Moravian Church's monthly newsletter
- I would like to speak with the pastor

Sibling(s):	Name(s)	Age	School Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Child's Behavior:

List the name of your child's favorite: _____ Comfort Item _____

Toys/Games _____ Activities _____

Potty Trained- Yes No Comments _____

Any restricted activities _____

Fears _____

Other information _____

Emergency Contact(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Information:

Name of child's doctor _____ Telephone _____

Name of child's dentist _____ Telephone _____

Hospital preference _____

Does your child have any known allergies?

Does your child have any dietary restrictions?

Please give any information concerning your child which will be helpful in his/her group living (such as play, eating, sleeping habits, fears, likes and dislikes, etc.).

Emergency Release:

If emergency medical care becomes necessary, I give permission for my child to receive such treatment as required by the physician.

Parent Signature _____

Sunscreen Policy:

Please provide a sunscreen with the word "broad spectrum" and SPF (sun protection factor) minimum of 15 on the label, preferably a water resistant or waterproof sunscreen for your child's cubby.

I give permission for New Hope Moravian to apply sunscreen to my child as directed for protection from the sun while outdoors.

Parent Signature _____

Photo Release:

I give New Hope Moravian Church permission to display photographs of my child taken while at school in the church and/or on our secure, password protected website.

Parent Signature _____

