



**Hope Lutheran Preschool**  
 3525 Rogers Road  
 Wake Forest, NC 27587  
 919-453-0388



## Summer Expressions Registration Form

### Summer Expressions Class Options and Fees – Tuition is by the Week

Two Year Old Classes Children must be 2 Years Old by August 31, 2019			
Choice	Class	Class Days	Weekly Tuition
	2 day 2's	T/Th	\$50.00
	3 day 2's	M/W/F	\$75.00
	4 day 2's	M-Th	\$100.00
	5 day 2's	M-F	\$125.00

Four/Five Year Old Classes Children must be 4 Years Old by August 31, 2019			
Choice	Class	Class Days	Weekly Tuition
	4 day 4/5's	M-Th	\$100.00
	5 day 4/5's	M-F	\$125.00

Three Year Old Classes Children must be 3 Years Old by August 31, 2019			
Choice	Class	Class Days	Weekly Tuition
	2 day 3's	T/Th	\$50.00
	3 day 3's	M/W/F	\$75.00
	4 day 3's	M-Th	\$100.00
	5 day 3's	M-F	\$125.00

#### Check off the weeks you are registering for below:

<input type="checkbox"/>	May 28-31 (closed May 27 - Holiday)
<input type="checkbox"/>	June 3-7
<input type="checkbox"/>	June 10-14
<input checked="" type="checkbox"/>	June 17-21 (VBS – Early or Late Care only)
<input type="checkbox"/>	June 24-28
<input type="checkbox"/>	July 1-5 (closed July 4 – Holiday)
<input type="checkbox"/>	July 8-12
<input type="checkbox"/>	July 15-19
<input type="checkbox"/>	July 22-26
<input type="checkbox"/>	July 29-August 2
<input type="checkbox"/>	August 5-9

**Please note:**

- There is no make-up day if your child misses a day.
- \$10.00 Fee is charged for changes
- Cancellation/Withdrawal Fee is ½ the Tuition for week(s) cancelled.

### Extended Enrichment Options

#### Mornings from 7:00 to 9:00

Choice	Number of Days	Weekly Tuition	Daily Drop-In Fee
	1 day per week	\$6.00	\$8.00
	2 days per week	\$12.00	
	3 days per week	\$18.00	
	4 days per week	\$24.00	
	5 days per week	\$30.00	

#### Afternoons from 12:00 to 5:00

Choice	Number of Days	Weekly Tuition	Daily Drop-In Fee
	1 day per week	\$20.00	\$22.00
	2 days per week	\$40.00	
	3 days per week	\$60.00	
	4 days per week	\$80.00	
	5 days per week	\$100.00	

#### Check Days of the Week

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

#### Check Days of the Week

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

#### Preschool Use Only

Registration Fee \_\_\_\_\_ Date \_\_\_\_\_ Check \_\_\_\_\_ Status \_\_\_\_\_ Discount \_\_\_\_\_

**INFORMATION ON CHILD**

Current Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
 (Last Name) (First Name) (Middle Name) (Name Preferred)

Date of Birth \_\_\_\_\_ Sex: M F Race/Ethnic Origin \_\_\_\_\_ Baptized: Yes No

Family Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Family E-Mail \_\_\_\_\_ Family Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does your child have any known allergies? YES NO Explain:

Does your child have any chronic illnesses/conditions? YES NO Explain:

Is there any additional information about your child which might help the teachers in working with your child (such as unusual fears, speech or occupational therapists, special likes or dislikes, etc.)?

**INFORMATION ON FAMILY**

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (If different from child) \_\_\_\_\_ Phone (If different from child) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (If different from child) \_\_\_\_\_ Phone (If different from child) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Sibling's (names and birthdates) \_\_\_\_\_

Other Adults In Home \_\_\_\_\_

Language other than English used in the home \_\_\_\_\_

Are you a member of Hope?  Yes  No - Where do you currently worship ? \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

If Father, Mother or Guardian cannot be contacted, call (please list relationship):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If you cannot pick up your child, please give the names of those to whom the child can be released:

\_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
 Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
 Signature of Operator \_\_\_\_\_ Date \_\_\_\_\_