



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



2020 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, 2020			
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, 2020			
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, 2020			
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 26-29 (closed May 25 - Holiday)
<input type="checkbox"/>	June 1-5
<input type="checkbox"/>	June 8-12
<input checked="" type="checkbox"/>	June 15-19 (VBS – Early or Late Care only)
<input type="checkbox"/>	June 22-26
<input type="checkbox"/>	June 29-July 2 (closed July 3 – Holiday)
<input type="checkbox"/>	July 6-10
<input type="checkbox"/>	July 13-17
<input type="checkbox"/>	July 20-24
<input type="checkbox"/>	July 27-31
<input type="checkbox"/>	August 3-7

Please note:

- There is no make-up day if your child misses a day.
- A \$10.00 Fee is charged for changes.
- The 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	\$7.00	\$9.00
	2 days per week	\$14.00	
	3 days per week	\$21.00	
	4 days per week	\$28.00	
	5 days per week	\$35.00	

Afternoons from 12:00 to 5:00

Choice	Number of Days	Weekly Tuition	Daily Drop-In Fee
	1 day per week	\$21.00	\$23.00
	2 days per week	\$42.00	
	3 days per week	\$63.00	
	4 days per week	\$84.00	
	5 days per week	\$105.00	

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 _____

Child Information

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

Address _____
(Street) (City) (State) (Zip)

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.)?

Family Information

Father's Name _____ Email _____

Cell Phone _____ Cell Phone Network _____

Address (If different from child) _____

Mother's Name _____ Email _____

Cell Phone _____ Cell Phone Network _____

Address (If different from child) _____

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 _____

Health Insurance Carrier _____ Policy Number _____

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