

\_\_\_\_\_ Returning family from last year                      \_\_\_\_\_ Returning family after 1 or more years absence  
 \_\_\_\_\_ Church Member    \_\_\_\_\_ New to HPCCC

**Is this your child's 1<sup>st</sup> preschool experience? Yes or No**

All children are required to have a complete immunization record on file according to the current guidelines set for by the American Academy of Pediatrics before the first day of school. Families who fail to submit immunizations records will be asked to withdraw from the program.

**(Please print)**

Full name of child: \_\_\_\_\_

Child's birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Sex: M \_\_\_\_ F \_\_\_\_

Home phone number: (    ) \_\_\_\_\_                      Cell: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_                      Zip code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Family email address:**

\_\_\_\_\_

You will be notified of your child's placement via email.

**\*PLEASE COMPLETE\* I would like my information included in the HPCCC preschool directory:**  
**YES \_\_\_\_\_ NO \_\_\_\_\_**

**You must make a 1st and 2nd choice in order for your form to be processed.**

Age cut-off for all programs is September 1<sup>st</sup>.

	2 Year Old Programs			3 Year Old Programs			4 Year Old Programs	
	AM	PM		AM	PM		AM	PM
	9am-11:30am	12:30pm-3:00pm		9am-11:30am	12:30pm-3:00pm		9am-11:30am	12:30pm-3:00pm
MW			MWF			MWF		
TTH			TTH			TWTH		
Friday						MTWTH		

Parent/Guardian Signature: \_\_\_\_\_

Your registration fee & field trip fee must accompany this completed form. See fee schedule for amount.

The registration fee is **nonrefundable** and checks are made payable to HPCCC.

Payment Type:    Check \_\_\_\_\_                      Cash \_\_\_\_\_

Office Use Only:

Check/Cash: \_\_\_\_\_                      Amount: \_\_\_\_\_                      Placement: \_\_\_\_\_                      Lottery #: \_\_\_\_\_  
 Siblings attending HPCCC: \_\_\_\_\_                      Name: \_\_\_\_\_                      Age: \_\_\_\_\_