New Hope Preschool Registration

2027-2028

New Hope Presbyterian Church
3737 New Hope Way, Castle Rock, CO 80109
Ph: 303.663.6077 Fax: 303.660.1532
Email: bnachand@newhopepres.org

***** Non-refundable Annual Registration Fee: $85 ($125 per family if registering more than one child) due at time of registration.***

Today's Date: _____

Child's Information

First Name	Last Name	Preferred Name (if any)	Gender	Birthdate

Program Preference: Please indicate order of preference (1st choice, 2nd choice, 3rd choice, etc.)

EARLY PRESCHOOL (9:00-1:00)
(Must be age 2 ½ to start. No potty-training requirement.)

_____Monday/Tuesday

_____Monday/Tuesday/Wednesday/Thursday

_____Wednesday/Thursday

PRESCHOOL (9:00-1:00)
(Age 3 and potty-trained by October 1)

_____Monday/Tuesday/Wednesday/Thursday

_____Tuesday/Wednesday/Thursday

_____Monday/Tuesday

_____ Wednesday/Thursday

PRE-KINDERGARTEN (9:00-1:00)
(Age 4 and potty-trained by October 1)
Must also register through UPKColorado.gov and be matched with our program to secure a spot

_____Monday/Tuesday/Wednesday/Thursday (16 hours)

_____Tuesday/Wednesday/Thursday (12 hours)

TRANSITIONAL KINDERGARTEN (9:00-1:00)
(Age 5 and potty-trained by October 1)

_____Monday/Tuesday/Wednesday/Thursday

(OVER)

Parent Contact Information

Parent #1 Name: _____ Parent #2 Name: _____

Primary Phone: _____ Primary email address: _____

Street Address: _____

City/State/Zip: _____

Check all that apply:

☐Currently enrolled NHP Family ☐NHP Alumni Family ☐New to New Hope Preschool

☐ New Hope Church Member

*How did you hear about NHP?_____

*Church Affiliation (if any)_____

Releases and Signature

☐ I fully understand and support the mission of NHP to help my child develop spiritually, socially, cognitively, and physically.

☐ My signature below releases all NHPC employees to both view and process all information about my child, including confidential information such as medical information, immunization records, and health status forms.

☐ My signature below also communicates my understanding that the confidentiality of all information sent electronically may be compromised.

Parent or Legal Guardian Signature Date

Office Use Only:

Date Received: _____ Check Number/Cash_____ Amount:_____