

(Please print)

_____ Returning family after 1 year or more absence _____ Returning family from last school year

_____ New to HPCCC _____ Church member

Full name of child: _____

Child's birth date: ____/____/____ Sex: M____ F____

Home phone number: () _____ Cell: () _____

Address: _____

City: _____ Zip code: _____

Mother's name: _____ Father's name: _____

Family email address:

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

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 1st.

2 Year Old Programs			3 Year Old Programs			4 Year Old Programs		
	AM	PM		AM	PM		AM	PM
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.

Office Use Only:

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