**HUDSON MEMORIAL PRESCHOOL** 4921 SIX FORKS ROAD, RALEIGH, NC 27609

PH: 919-787-1792 F: 919-341-1767

www.hmp-preschool.org

Date:	
Reg. Fee Ck#	\$
Sibling(s):	

## 2022 SUMMER PROGRAM REGISTRATION APPLICATION

Hours: 9:00am - 12:30pm

Please check desired session(s):			
Jun 6 - Jul 1 T/TH M/W/F M - F	Jul 11 - Aug 5 T/TH M/W/F M - F		
EARLY DROP-OFF (EDO)  8:30am  T/  M  M	12:55pm TH /W/F		
Child's Name	Date of Birth(month/day/year)		
Name used	Gender (circle): Male Female		
Age as of 06-01-2022YrMonths	Home phone		
Address(street)	(city) (zip)		
Class attended in 2021-22 school year	School		
If registering more than one child and need matching days, please list names of other child(ren). Please complete one form for each child.			
Parent	Parent		
Occupation	Occupation		
Work #	Work #		
Cell#	Cell#		
Email	Email		

Sibling's names and ages (atten	ded Hudson?)	
Church/religious affiliation (if any Are you interested in learning ab		
Previous Preschool experience.		
Does your child have any: Chronic medical conditions (asth		
Speech, motor skill delays/challe	enges, special education needs	s?
Social/emotional concerns (sepa	aration anxiety, fears, etc)?	
List some of your child's favorite	toys, books, games, etc	
		child: (attached a separate sheet if
The staff cannot permit a child to this form or persons authorized i authorizing to pick up your child parent must notify the school in	in writing by a parent. Please I (a picture ID will be required).	
Name	Relation	Number
I have read and agree to all polici Handbook at www.hmp-preschoo		idson Memorial Preschool Parent
Parent's signature		Date