

HUDSON MEMORIAL PRESCHOOL
4921 SIX FORKS ROAD, RALEIGH, NC 27609
PH: 919-787-1792
F: 919-341-1767
www.hmp-preschool.org

OFFICE USE ONLY

Date:

Reg. Fee Ck#.....\$.....

Sibling(s):.....

2023 SUMMER PROGRAM REGISTRATION APPLICATION
Hours: 9:00am – 12:30pm

Jun 5 – 30 ___ T/TH ___ M/W/F ___ M - F
Jul 10 – Aug 4 ___ T/TH ___ M/W/F ___ M - F

___ EARLY DROP-OFF (EDO) 8:30am ___ LATE PICK-UP (LPU) 12:55pm
___ T/TH ___ M/W/F ___ M - F

Child's Name Date of Birth
(month/day/year)

Name used Gender: Male Female

Age as of 06-01-2023 Yr Months

Address
(street) (city) (zip)

Class attended in 2022-23 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.

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Parent Parent

Occupation Occupation

Cell# Cell#

Email Email

Sibling's names and ages (attended Hudson?)

Church/religious affiliation (if any)

Are you interested in learning about Hudson Memorial Presbyterian Church?.....

Previous Preschool experience

Does your child have any:

Chronic medical conditions (asthma, allergies, diabetes, etc...)?

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Speech, motor skill delays/challenges, special education needs?

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Social/emotional concerns (separation anxiety, fears, etc...)?

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List some of your child's favorite toys, books, games, etc...

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Please share some information to help us better care for your child: (attached a separate sheet if necessary)

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The staff cannot permit a child to leave with anyone other than the parents listed on the front of this form or persons authorized in writing by a parent. Please list friends or relatives you are authorizing to pick up your child (a picture ID will be required). If a change is necessary, the parent must notify the school in writing.

Name

Relation

Number

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I have read and agree to all policies and procedures stated in Hudson Memorial Preschool Parent Handbook at www.hmp-preschool.org

The parties agree that to the extent they sign electronically, their electronic signature is the legally binding equivalent to their handwritten signature.

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Parent's signature

.....

Date