## OFFICE USE ONLY

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

2023-2024 REGISTRATION APPLICATION

(Program Hours: 9:00am - 12:30pm)

INFANTS T,TH	M,W,F	M – F	
TODDLERS T,TH	M,W,F	M – F	
TWOS T,TH	M,W,F	M – F	
THREES	M,W,F	M – F	
FOURS	M – TH	M – F	
8:30am Early Drop-Off (EDO) 12:55pm Late Pick-Up (LPU)			
T,TH	M,W,F M-F		
Child's Name Date of Birth			
Name used	Gen	der: Male Female	
Age on 8-31-23yrmonths (Child must be of age by August 31, 2023 to enroll in above classes)			
Address			
Address(street)	(city)	(zip)	
	(city) d matching days, please list nan	(zip)	
(street) If registering more than one child and nee	(city) d matching days, please list nan ild.	(zip) nes of other child(ren). Please	
(street) If registering more than one child and nee complete one registration form for each ch	(city) d matching days, please list nan ild.	(zip) nes of other child(ren). Please	
(street) If registering more than one child and nee complete one registration form for each ch	(city) d matching days, please list nan hild. Parent	(zip) nes of other child(ren). Please	
(street) If registering more than one child and nee complete one registration form for each ch	(city) d matching days, please list nan hild. Parent Occupation	(zip) nes of other child(ren). Please	

(Please complete back of page)

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)?	
Speech, motor skill delays/challenges, special education needs?	
Social/emotional concerns (separation anxiety, fears, etc)?	
List some of your child's favorite toys, books, games, etc	
Please share some information to help us better care for your child: (attach a sepa	arate sheet if necessary)
The staff cannot permit a child to leave with anyone other than the parents listed or persons authorized in writing by a parent. Please list friends or relatives you are up your child (a picture ID will be required). If a change is necessary, the parent m writing.	e authorizing to pick
Name Relation	Number
I have read and agree to all policies and procedures stated in Hudson Memo Parent Handbook at www.hmp-preschool.org The parties agree that to the extent they sign electronically, their electronics legally binding equivalent to their handwritten signature.	

Parent's signature

Date