

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):

2021-2022 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
(month-day-year)

Name used Gender (circle): Male Female

Age on 8-31-21yrmonths Home phone.....
 Child must be of age by August 31, 2021 to enroll in above classes

Address.....
(street) (city) (zip)

If registering more than one child and need matching days, please list names of other child(ren). Please complete one registration form for each child.

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Parent Parent

Occupation..... Occupation.....

Work # Work #.....

Cell # Cell #

E-mail Email

Sibling's names and ages (attended Hudson?).....

Is your family a member of Hudson?..... Church members receive 10% tuition discount

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:

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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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.....
Parent's signature

.....
Date

If you are new to HMP, to whom may we thank for the referral?.....