

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

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

2025-2026 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_____
TRANSITIONAL KINDERGARTEN			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: M..... F.....

Age on 8-31-25yrmonths (Child must be of age by August 31, 2025 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.....

Cell # Cell #

E-mail 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: (attach 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

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Parent's signature

.....

Date