$\frac{\text{REGISTRATION}}{\text{CHILDREN } \textit{OF} \text{ HOPE CHILD DEVELOPMENT CENTER}}$

2601 E. Thunderhill Place Phoenix, AZ 85048 (480) 759-1515

CHILD			M or F	ì
Last Name	First	Middle		
ADDRESS		Zip		-
		FREE SCHOOL T	•	4T
		FREE SCHOOL T-SHIRT2T3T		_+1
	•			
PARENT/GUARDIAN	INFORMATION			
Mother's Legal Name Lives with student Mother's Address:		Father's Legal Name Lives with student Father's Address:		
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:	
Occupation:	Work Phone:	Occupation:	Work Phone:	
Email Address:		Email Address:		_
OTHERS IN HOUSE	HOI D			
OTHERS IN HOUSE NAME		SHIP TO CHILD	AGE	
IVILI	KEEATION	SIII TO CIIILD	AGL	
STUDENT BACKGRO				
Do you have a religious a		N II I	9	
TT 1'111 '	reschool before? Yes	S NO HOWL	ong?	
Has your child been in pr		S NO IIOW L	<u> </u>	
			<u> </u>	f EN/
DOES YOUR CHILD I	HAVE ANY ALLERGI	ES (FOOD OR SEASO)	NAL) OR HEALTH PROB	
DOES YOUR CHILD I	HAVE ANY ALLERGI	ES (FOOD OR SEASO)	<u> </u>	
DOES YOUR CHILD I	HAVE ANY ALLERGII RICT HIS/HER PARTI	ES (FOOD OR SEASO CIPATION IN ANY P	NAL) OR HEALTH PROB	_
DOES YOUR CHILD ITHAT WOULD REST	HAVE ANY ALLERGII RICT HIS/HER PARTI should know about your	ES (FOOD OR SEASO) CIPATION IN ANY P	NAL) OR HEALTH PROB RESCHOOL ACTIVITES?	_
DOES YOUR CHILD IT THAT WOULD REST Is there anything else we In signing this application 1. The registration fe	HAVE ANY ALLERGIERICT HIS/HER PARTIES should know about your on, I understand that:	ES (FOOD OR SEASO) CIPATION IN ANY Pl	NAL) OR HEALTH PROB RESCHOOL ACTIVITES?	_
DOES YOUR CHILD IT THAT WOULD REST Is there anything else we In signing this application 1. The registration ference of the property of the	HAVE ANY ALLERGIE RICT HIS/HER PARTIES on, I understand that: the is NON-REFUNDABLE the 10th of each month (a total of	ES (FOOD OR SEASO) [CIPATION IN ANY Pichild?	NAL) OR HEALTH PROB RESCHOOL ACTIVITES?	_
Is there anything else we In signing this application 1. The registration ference 2. Tuition is due by the same of the teachers will use the same of	HAVE ANY ALLERGING RICT HIS/HER PARTION SHOULD HER PARTION, I understand that: The second should be second to the second sh	ES (FOOD OR SEASO) [CIPATION IN ANY P] child? 10 monthly payments – August – are of discipline with redirection a	NAL) OR HEALTH PROBERESCHOOL ACTIVITES? May) und positive choices	_
Is there anything else we In signing this application 1. The registration ference 2. Tuition is due by transaction 4. Parents are welcome Parent Signature:	HAVE ANY ALLERGIE RICT HIS/HER PARTIES on, I understand that: the is NON-REFUNDABLE the 10th of each month (a total of	ES (FOOD OR SEASO) CIPATION IN ANY Pl child? 10 monthly payments – August – irs of discipline with redirection a me. Please coordinate with your Date:	NAL) OR HEALTH PROBERESCHOOL ACTIVITES? May) und positive choices	_