

Please check the appropriate Box(es) to indicate whether you are registering for next school year, Summer Camp, or both.

**2018-2019 School Year**  
What days are you interested in?  
\_\_\_ 3 Days per week  
    M T W Th  
\_\_\_ 4 Days per week

**Summer Camp**  
What days are you interested in?  
\_\_\_ 2 Days per week  
    T W Th  
\_\_\_ 3 Days per week

# NEW HOPE MORAVIAN PRESCHOOL REGISTRATION FORM 2018-2019

**For Office Use Only**  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Check Number: \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name by which child is most often called \_\_\_\_\_

Address (include city, state, zip) \_\_\_\_\_

Telephone \_\_\_\_\_ Present Age \_\_\_\_\_ Birthday \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

- I would like to receive information about New Hope Moravian Church
- I would like to receive New Hope Moravian Church's monthly newsletter
- I would like to speak with the pastor

Sibling(s):	Name(s)	Age	School Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Child's Behavior:**

List the name of your child's favorite: \_\_\_\_\_ Comfort Item \_\_\_\_\_

Toys/Games \_\_\_\_\_ Activities \_\_\_\_\_

Potty Trained- Yes No Comments \_\_\_\_\_

Any restricted activities \_\_\_\_\_

Fears \_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_

Emergency Contact(s):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information:

Name of child's doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Does your child have any known allergies?  
\_\_\_\_\_

Does your child have any dietary restrictions?  
\_\_\_\_\_

Please give any information concerning your child which will be helpful in his/her group living (such as play, eating, sleeping habits, fears, likes and dislikes, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Release:

If emergency medical care becomes necessary, I give permission for my child to receive such treatment as required by the physician.

Parent Signature \_\_\_\_\_

Sunscreen Policy:

Please provide a sunscreen with the word "broad spectrum" and SPF (sun protection factor) minimum of 15 on the label, preferably a water resistant or waterproof sunscreen for your child's cubby.

I give permission for New Hope Moravian to apply sunscreen to my child as directed for protection from the sun while outdoors.

Parent Signature \_\_\_\_\_

Photo Release:

I give New Hope Moravian Church permission to display photographs of my child taken while at school in the church and/or on our secure, password protected website.

Parent Signature \_\_\_\_\_