

New Hope Preschool Registration Form

PO Box 37
Wyoming, RI 02898
401-539-8947

Full name of child _____ Date _____

Date for enrollment: September _____

Group (check one)

2 day threes _____ 3 day fours _____

Age _____ DOB _____

Mother's (or Guardian's) name: _____

Address: _____

Phone: Home: _____ Work _____ Cell _____

E-mail address: _____

Father's (or Guardian's) name: _____

(Only fill in information below that differs from above.)

Address: _____

Phone: Home: _____ Work _____ Cell _____

E-mail address: _____

Special Considerations (including any custody or restraining order information):

I hereby make application for enrollment of _____ as a pupil at

New Hope Preschool. Enclosed is the non-refundable registration fee of \$20.

Signature _____ Date _____

Parent or Guardian