

# HOPE Preschool 43454 Crossroads Drive, Ashburn, VA 20147

## Application/Registration Form 2010 - 2011 School Year

**PUBLIC FORM** -- This form is **ONLY** for families who have had no prior affiliation with HOPE

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's LAST NAME: \_\_\_\_\_ Child's FIRST NAME: \_\_\_\_\_

Sex: **M** or **F** Date of Birth: \_\_\_\_\_ Age as of **09/30/10**: \_\_\_\_yrs. \_\_\_\_months

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Business/Cell #: \_\_\_\_\_ Father's Business/Cell #: \_\_\_\_\_

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

Has your child been referred for any supplemental services such as speech, OT, PT, vision, etc.? **Y or N**

For placement purposes only, which service(s) is your child receiving? \_\_\_\_\_

Diagnosed food allergies? **Y or N** \_\_\_\_\_ Epi-pen? **Y or N**

**Class Choices need to be numbered in order of preference (1,2,3,4,5)  
from the appropriate age group.**

Date of Birth 10/01/04 – 9/30/06	Date of Birth 10/01/06 – 3/31/07	Date of Birth 4/01/07 – 9/30/07
4 – 5 YR OLD	3 ½ YR OLD	3 YR OLD
____MWF AM	____T & TH AM	____M & W AM
____M – TH AM	____MWF AM	____T & TH AM
____M – F AM	____MTW PM	
____MTW PM		
____M - TH PM		

**Sandra Rolston Scholarship**  
Limited financial need based scholarships are available. See HOPE Director for application.

**CHECK HERE** if your 1<sup>st</sup> choice is to coordinate your HOPE children's schedules **IF POSSIBLE** \_\_\_\_\_

**CLASS TIMES:**  
9:00 – 11:45 AM  
12:45 – 3:30 PM

- **CHILD MUST BE TOILET TRAINED BY AUGUST 1, 2010.**
- **Children may not attend HOPE as a supplement to kindergarten.**
- **BIRTH CERTIFICATE MUST ACCOMPANY REGISTRATION FEE.**

**No money is due UNTIL your child is offered a placement at HOPE. At that time, the \$115 non-refundable fee and registration form will be accepted and processed.** In return, we expect you will honor your enrollment for the entire term unless you move or have unforeseen circumstances.

**Tuition payments** begin in **AUGUST** and continue through **APRIL**. If the first tuition payment is not received by August 1<sup>st</sup>, your registration fee and class placement will be forfeited.

**Incomplete forms or forms without birth certificates will not be processed.**

I certify that all information is complete and accurate. \_\_\_\_\_

(parent/guardian signature)

Check#: \_\_\_\_\_ Amount: \_\_\_\_\_ Form & Fee Received on: \_\_\_\_\_ Staff: \_\_\_\_\_  
 \_\_\_\_\_ SIBLINGS ENROLLED BIRTH CERTIFICATE \_\_\_\_\_ REGISTRATIONFORM2010-2011