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

☐ **2025-2026 School Year**
What days are you interested in?
___ 3 Days per week
M T W Th
___4 Days per week
***$60 Registration Fee**

☐ **Summer Camp**
What days are you interested in?
___ 2 Days per week
T W Th
___3 Days per week
***$40 Registration Fee**

NEW HOPE MORAVIAN PRESCHOOL REGISTRATION FORM 2025-2026

For Office Use Only
Date:_____
Amount:_____
Check Number:_____

Child's Full Name _____

Name 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 _____

Mother's Name _____ Cell Telephone _____

Email Address _____Church Affiliation _____

Employer _____ Work Telephone _____

- ☐ 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

For Elementary Aged Summer Camp Students-
Grade going into _____

Sibling(s): Name(s) Birthdate/Current Age School Name

1. _____
2. _____
3. _____

Child's Behavior/Medical Information:

List the name of your child's favorite:

Comfort Item(s) _____

Toys/Games _____

Activities _____

Potty Trained- Yes No Comments _____

Any restricted activities _____

Fears _____

Emergency Contact(s):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Information:

Name of child's doctor _____ Telephone _____

Name of child's dentist _____ Telephone _____

Hospital preference _____

Does your child have any known allergies?

_____

Does your child have any dietary restrictions?

_____

Please give any information concerning your child's habits which will be helpful for teachers to know when working with your child (such as play, eating, sleeping habits, likes and dislikes, etc.).

_____

_____

_____

Please give any information concerning your child's behavior and development which would be helpful for teachers to know when working with your child (any concerns, medical issues, things we should be aware of, 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:

I give permission for New Hope Preschool Staff to apply sunscreen to my child as directed for protection from the sun while outdoors. (We recommend you apply sunscreen before school when you think it is necessary).

Parent Signature _____

Photo Release:

I give New Hope Moravian Preschool permission to display photographs of my child at the preschool/church and/or on our secure, password protected website.

Parent Signature _____