New Hope Child Care
Full Time Registration Form

(Please complete all information on this form)

THIS INFORMATION IS REQUIRED BY LAW AND MUST BE SUBMITTED TO NHCC BEFORE THE STUDENTS FIRST DAY OF ATTENDANCE

Please enclose a non-refundable $25.00 registration fee and a $300 non-refundable deposit.
This deposit will be applied to your account. The registration fee will be waived if you already are registered with NHCC.
A two week notice is required when leaving the program.

Student's Information

Student's Legal Name: ______________________________ **Nickname:**________________ **Age:** ______
First Middle Last

DOB: _____/_____/_________ **Phone:** ____________________ **Glasses: Y N | Diet: Y N | Allergies: Y N | Gender: M F**
Mo Day Year

Primary Residence: ________________________ ______________ _____ _______ ______________
Number Street City State Zip Code County

Parents | Guardians

First Contact

Name: ______________________________

Relation: ______________________________

Address: ______________________________

Employer: ______________________________

Cell Phone Number: ______________________________

Work Phone Number: ________________________ **Ext:** _______

Home Phone Number: ______________________________

Email: ______________________________

Second Contact

Name: ______________________________

Relation: ______________________________

Address: ______________________________

Employer: ______________________________

Cell Phone Number: ______________________________

Work Phone Number: ________________________ **Ext:** _______

Home Phone Number: ______________________________

Email: ______________________________

Primary Physician: ____________________ ____________________ ____________________
Name Clinic Phone Number

Primary Dentist: ____________________ ____________________ ____________________
Name Clinic Phone Number

Emergency Contacts

Emergency Contacts will be authorized to pick up students if parents cannot be contacted.
You must list two other than the Guardians listed above.

First Contact

Name: ______________________________

Relation: ______________________________

Address: ______________________________

Phone Number: ______________________________

Second Contact

Name: ______________________________

Relation: ______________________________

Address: ______________________________

Phone Number: ______________________________

Others Authorized for Pick Up

____

____

____

NOT Authorized for Pick Up

____

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____

Please read and sign below:

I authorize New Hope Child Care to act on behalf of my child in an emergency situation when another parent/guardian or I cannot be reached, or there will be a delay in reaching me or another parent/guardian.

______________________________ ______________________________ ______________
Printed Name Signature Date

This Side is for Internal Use Only

(Do Not Fill Out)

Application Date: _______________ **Dep Fee:** __________ **Account Holder:** ______________________

Interview Date: _______________ **Reg Fee:** __________ **Student ID:** ______________

Intended Start: _______________

Admission Date: _______________

Student Record Checklist

- ❑ **Student Summary**
- ❑ **Immunization Records**
- ❑ **Health Care Summary**
- ❑ **Eating, Sleeping, Toileting, Communication, and Comfort Habits**
- ❑ **Documentation of PTCs'**
- ❑ **Dietary Needs Form** (If Applicable)
- ❑ **ICCPP** (If Applicable)
- ❑ **Infant Documentation** (If Applicable)
  - ❑ **Swaddling Consent**
  - ❑ **Alt Sleeping Position**
  - ❑ **Roll Over Option**