



# Preschool Registration Form

415 Wellington Place • PO Box 405 Hope, ID 83836 (208) 264-5481  
[mccmail@frontier.com](mailto:mccmail@frontier.com) [www.memorialcommunitycenter.com](http://www.memorialcommunitycenter.com)

Dear Prospective Preschool Parent:

Thank you for considering Hope Preschool for your child's educational needs. We are a non-profit preschool that is in operation under the direction of the Board of Directors at the Memorial Community Center. The Hope Preschool and Board of Directors work together to keep tuition at an affordable rate while offering a high quality education. What this means is that we count on fundraisers and private donations to help us attain this goal. We need the cooperation of **all** parents and guardians of preschoolers to attain this goal as well. When you agree to become a member of Hope Preschool, you are also agreeing to **actively** participate and volunteer in Preschool and MCC fundraisers that aid the continuation of our program.

We are in session Tuesday, Wednesday, and Thursday 8:30am to 11:45am, September through May. We enroll up to 12 students and give **priority to Pre-K Students**. Your registration form and fee (\$80) will secure your child's name on the roster. We do accept applications for 3 year olds however, they will be put on the waiting list and will be accepted only if there are roster spots available after August 1<sup>st</sup>.

Tuition is \$140 and your first tuition payment will be due on the first day of school. We understand that tuition can be a financial burden to many families, and our top priority is to make sure that every child has an opportunity to an education regardless of a parent's financial situation. Therefore, we do have a scholarship program available. If you are interested in a scholarship, please contact the MCC Office at 264-5481 for more information.

## What we need prior to August 1st:

- **\$80 Registration Fee** (secures your Pre-K spot on the roster!)
- **Registration Form**
- **Scholarship Form** (If applicable)

Once we receive the items above, your child will be placed on the roster and you can expect to hear back from us by August 10<sup>th</sup>. If you do not hear from us, please call us at (208) 264-5481.

Sincerely,

*Carolyn Speelmon*

Carolyn Speelmon  
Assistant Preschool Teacher/Office Manager



# Memorial Community Center Preschool Registration

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Email: [mccmail@frontier.com](mailto:mccmail@frontier.com) Web: [www.memorialcommunitycenter.com](http://www.memorialcommunitycenter.com)

**Student Name:** (first, middle, last) \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Has student ever attended Preschool?** Y or No **Gender:** M or F **Is student fully potty trained?** Y or N

**Guardian's Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

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**Physical Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address: (if different)** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Main Email:** \_\_\_\_\_

**Please list additional information if the child lives part time with anyone else:**

**Name:** \_\_\_\_\_ **Relationship to student** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mailing Address: (if different)** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Main Email:** \_\_\_\_\_

**Please list who you want us to call in case of an emergency. Contacts will be called in the order listed (1-4)**

**Contact #1: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **OK to pick up?** Y N

**Contact #2: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **OK to pick up?** Y N

**Contact #3: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **OK to pick up?** Y N

**Contact #4: Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **OK to pick up?** Y N

**Siblings:**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Chronic Health Problems (specify)** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

**Name of Child's Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Insurance Carrier Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_

*In case of accident or other emergency if parent/guardian or authorized alternative cannot be reached, I hereby authorize a representative of the school to make such arrangement as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named above to undertake such care and treatment of my child as he/she considers necessary. In the event said doctor is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parent/Guardian