



**** **Registration Instructions: Please keep this page!** ****

Registration Dates

January 22 – February 1, 2024

Currently enrolled families

Alumni families

New Hope Church families

February 6, 2024

Open to the community

Mail or drop-off completed form to:

New Hope Preschool

3737 New Hope Way

Castle Rock, CO 80109

Registration Confirmation/Fee/Additional Paperwork

Confirmation Letter: Once the registration form and fee are received, a *confirmation of enrollment or waitlist* letter will be mailed to the address on the registration form, typically by **mid-March**.

Registration Fee: There is an \$85.00 per child (\$125 per family), non-refundable, registration fee, that is due upon submission of registration form. ***Registration forms cannot be considered without the registration fee.***

May 2025 Tuition

The May 2025 tuition is due on or before **May 3, 2024**. This payment indicates your commitment to enroll for the 2024-2025 school year and is non-transferrable and non-refundable. Cash or check payments are accepted. ***Checks should be payable to New Hope Preschool.***

**If registering AFTER May 3, 2024, this tuition payment is due upon enrollment in the program. Therefore, both the registration fee AND the May, 2025 tuition payment will be due.

Enrollment Paperwork: A complete enrollment packet will be sent electronically once the May, 2025 tuition has been received (usually by the end of May).

Currently enrolled families only: If you already pay your tuition via direct debit, the May 2025 tuition will be automatically deducted from your account.

Monthly Tuition Rates 2024-2025

2 days: \$265

3 days: \$320

4 days: \$375

Office Use Only: Date Received _____

Fee check cash Amount \$ _____



Registration Form 2024-2025

**** Non-refundable Annual Registration Fee: \$85 (\$125 per family if registering more than one child) due at time of registration.**

Child's Information

First Name	Last Name	Preferred Name (if any)	Gender	Birthdate

Program Preference: Please indicate order of preference (1st choice, 2nd choice, 3rd choice, etc.)

EARLY PRESCHOOL (9:00-1:00)
(Must be age 2 ½ to start. No potty-training requirement.)

_____ Monday/Tuesday

_____ Monday/Tuesday/Wednesday/Thursday

_____ Wednesday/Thursday

PRESCHOOL (9:00-1:00)
(Age 3 by October 1 and potty-trained; no pull-ups)

_____ Monday/Tuesday/Wednesday/Thursday

_____ Tuesday/Wednesday/Thursday

_____ Monday/Tuesday

_____ Wednesday/Thursday

PRE-KINDERGARTEN (9:00-1:00)
(Age 4 by October 1 and potty-trained; no pull-ups)

*Universal Preschool participating school- Children who are age 4 by October 1, 2024, receive up to 15 hours/week free

_____ Monday/Tuesday/Wednesday/Thursday

_____ Tuesday/Wednesday/Thursday

****Must also register with UPK: <https://cdec.colorado.gov/universal-preschool-colorado>**

(OVER)

Parent Contact Information

Parent #1 Name: _____ Parent #2 Name: _____

Primary Phone: _____ Primary email address: _____

Street Address: _____

City/State/Zip: _____

Check all that apply:

Currently enrolled NHP Family NHP Alumni Family New to New Hope Preschool

New Hope Church Member

*How did you hear about NHP? _____

*Church Affiliation (if any) _____

Releases and Signature

I understand and support the mission of NHP to help my child develop spiritually, socially, cognitively, and physically.

My signature below releases all NHPC employees to both view and process all information about my child, including confidential information such as medical information, immunization records, and health status forms.

My signature below also communicates my understanding that the confidentiality of all information sent electronically may be compromised.

Parent or Legal Guardian Signature

Date