

FOR OFFICE USE ONLY

Date this document receive _____

Session _____

Reg. Fee Rec'd ck # _____

10th Increment Rec'd ck

2010/11

PLEASE READ APPLICATION CAREFULLY

Do you presently have a child enrolled
in our program now _____no _____yes

NOTE:

Child must be 3 for 3 yr. Old class by October 1st (must be completely toilet trained! No Pull-ups)
or 4 for 4 yr. Old class by October 1st.

HOPE CHRISTIAN SCHOOL

732-462-7545 www.hopefreehold.org

APPLICATION FOR ADMISSION

* * * * *

Child's Name _____ (M F)
Last First Middle (circle one)

Address _____ City Zip Phone _____

Cell Phone _____

It is your responsibility to notify the school of any change of address or phone number.

Immunization Record required

Date of Birth _____ (Photo copy of Birth Certificate required)
(if presently enrolled, not required)

(Age of Child as of October 1st _____)

Name of school district child will be ascending after preschool _____

Are there any physical handicaps or learning disabilities? Yes _____ No _____
If yes, please explain _____

Does the child have any major physical/medical concerns? Yes _____ No _____
Allergies? Yes _____ No _____

If yes, in what way? _____

The School/Building is "nut free". Please check the ingredients on all snacks carefully. Any item that may contain a trace of peanuts or tree nuts (manufactured or processed in a plant that contains nuts) is not allowed.

Family Record

Name of Child's Father _____
Last First Middle

Name of Child's Mother _____
Last First Middle

Living with both parents Yes _____ No _____ If no, with whom _____

Name of person who will make payment,
if different from parents' names _____

Father's Occupation _____

Employer _____

Address _____ Phone # _____

Mother's Occupation _____

Employer _____

Address _____ Phone # _____

Brothers and Sisters

<u>Name</u>	<u>age</u>	<u>Grade in School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation: _____

Child's Doctor NAME ADDRESS PHONE #

In considering enrollment of your child, what aspects of our school appeal to you most?

Requests for a specific class or teacher may not be able to be honored.

It is understood that the child is enrolled for the entire school year and that this charge is due and payable in full at the time of acceptance of child for enrollment.

\$4,650.00 for the three-day full-day sessions *

\$3,200.00 for the five-day sessions -- half-day

\$2,000.00 for the three-day sessions -- half-day

\$1,550.00 for the two-day sessions -- half-day

However, as a matter of convenience, the tuition may be broken down into ten equal payments of

\$465.00 for the three-day full-day sessions *

\$320.00 per month for the five-day sessions -- half-day

\$200.00 per month for three-day sessions -- half-day

\$155.00 per month for the two-day sessions -- half-day

The payments are broken into ten increments – you have paid the 10th increment with this application. The first increment is due on or before September 15th and each successive increment is due on or before the 15th of each month.

Tuition payment must be kept current. Failure to do this could jeopardize the child's continued enrollment and/or acceptance of future applications.

No remission of the charge is made in case of enforced withdrawal from the school or of voluntary withdrawal. Except that the school may in its discretion, modify the charge and remit any overpayment for a child whose enrollment is terminated by the school in accordance with the right reserved to it if such termination is for the best interest of the child and the school.

Herein is enclosed a **non-refundable registration fee** of **\$25.00**, per year, payable to **HOPE LUTHERAN CHURCH**. This registration fee **plus the 10th increment** must accompany all applications.

The second **registration fee is waived if more than one child is enrolled.**

(The 10th increment payment is not refundable after July 1st, 2010.)

(If child is enrolled after July 1st, the registration fee and tuition is not refundable.)

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

Please make checks out to HOPE LUTHERAN CHURCH and PLEASE put child's name and session on the check).

Automatic Payment "Simply Giving," is available and encouraged.

Under this program, you would authorize Thrivent Financial and Vanco Services to automatically withdraw tuition payments from your account, which will remain in effect until you give advance notification to terminate the authorization.

Please ask the office for an Enrollment/Authorization form.

Return completed application, immunization card, birth certificate and fees to the Church Office. Our FAX # (732) 462-9320 in case your doctor's office would like to fax your child's immunization information to our office.

* Full-day program is an option – call office for more information.

Hope Christian School does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin.

THIS IS YOUR COPY OF OUR POLICIES

1. Child must be 3 for 3 year-old class by October 1st or 4 for 4 year-old class by October 1st.
2. Child must be completely toilet trained! **No Pull-ups!**
3. Changes to a child's time/day, or class may not be possible.
4. **The \$25.00 registration fee is non-refundable.** The second registration fee is waived if more than one child is enrolled.
5. **The 10th increment, payment made with application, is not refundable after July 1st, 2010.** (If child is enrolled after July 1, 2010, the registration fee and tuition is not refundable.)
6. It is understood that the child is enrolled for the entire school year and that the charge therefore is payable in full at the time of acceptance of child for enrollment.
 - \$4,650.00 for the three-day full-day sessions
 - \$3,200.00 for the five-day sessions -- half-day *
 - \$2,000.00 for the three-day sessions -- half-day
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 - \$200.00 per month for three-day sessions -- half-day
 - \$155.00 per month for the two-day sessions -- half-day

The 10th increment is due at the time of registration. This advance payment is held and applied to your child's **last increment** (tuition) payment. **The first increment (tuition) is due on or before September 15th and each successive increment is due on or before the 15th of that month.** Tuition payment must be kept current. Failure to do this could jeopardize the child's continued enrollment and/or acceptance of future applications.
7. No remission of the charge is made in case of enforced withdrawal from the school or of voluntary withdrawal, except that the school, may in its discretion, modify the charge and remit any overpayment for a child whose enrollment is terminated by the school in accordance with the right reserved to it if such termination is for the best interest of the child and the school.
8. The school reserves the right to cancel any session due to insufficient enrollment. You will be notified if the session you choose is cancelled and let you know if your child is placed in another class if accommodations are available.
9. **Requests for a specific class or teacher may not be able to be honored.**
10. **All applications are processed in the order in which they are received.**
11. It is your responsibility to notify the school of any change of address or phone number.
12. **Mail payments to the School Treasurer – a payment book is supplied with address labels or Automatic Payment “Simply Giving,”** is available and encouraged. Through this program, you would authorize *Thrivent Financial and Vanco Services* to automatically withdraw tuition payments from your account, which will remain in effect until you give advance notification to terminate the authorization. Please ask the office for an Enrollment/ Authorization form.
13. **The School/Building is “nut free”.** Please check the ingredients on all snacks carefully. Any item that may contain a trace of peanut or tree nut (manufactured or processed in a plant that contains nuts) is not allowed.

* Full-day program is an option – call office for more information

TEL # 732-462-7545

FAX # 732-462-9320

www.hopefreehold.org

Hope Christian Preschool

Offers:

2 year olds

Jesus, Mommy & Me Program

\$120.00 per session 10-week sessions plus \$5.00 Registration Fee

3 year old Program

Please indicate 1st and 2nd choice of classes, (your first choice may not be available).

		Choice 1st, 2nd
Mon., Wed., Fri.	9:00 AM – 11:15 AM	_____
Tues., Thurs.	9:00 AM – 11:15 AM	_____
Tues., Thurs.	12:45 PM – 3:00 PM	_____

CHILD'S NAME _____

4 year old Program

Kindergarten Readiness Program

Please indicate 1st and 2nd choice of classes, (your first choice may not be available).

		Choice 1st, 2nd	
Mon, Wed, Fri	full-day *	9:00 AM – 3:00 PM	_____
Mon, Tues, Wed, Thurs, Fri		9:00 AM -- 11:15 AM	_____
Mon, Wed, Fri.		9:00 AM – 11:15 AM	_____
Mon, Wed, Fri.		12:45 PM – 3:00 PM	_____

CHILD'S NAME _____

Tuition

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\$200.00 per month for three-day sessions -- half-day
\$155.00 per month for the two-day sessions -- half-day

The 10th increment is due at the time of registration. This advance payment is held and applied to your child's last tuition payment.

Lunch Bunch Program Monday thru Friday - 11:15 – 12:45, for 3 and 4 year olds, \$10.00 per session (you may sign up at the beginning of each month).

Applications are processed in the order in which they are received.

The school reserves the right to cancel any session due to insufficient enrollment. You will be notified if the session you choose is cancelled.

* full-day program is an option – call office for more information

Please complete for Hope Christian School Health Officer

Child's Full Name _____ Date of Birth _____

Your Name _____

Address _____

Phone # _____

Date _____