

HUDSON MEMORIAL PRESCHOOL
4921 SIX FORKS ROAD, RALEIGH, NC 27609
PH: 919-787-1792
F: 919-341-1767
www.hmp-preschool.org

OFFICE USE ONLY

Date:
Reg. Fee Ck#.....\$.....
Sibling(s):.....

2021 SUMMER PROGRAM REGISTRATION APPLICATION

Hours: 9:00am – 12:30pm

Please check desired session(s):

Jun 7 - Jul 2

_____ T/TH
_____ M/W/F
_____ M - F

Jul 12 - Aug 6

_____ T/TH
_____ M/W/F
_____ M - F

Aug 16 - 20

_____ M - F

_____ **EARLY DROP-OFF (EDO)**
8:30am

_____ **LATE PICK-UP (LPU)**
12:55pm

_____ T/TH
_____ M/W/F
_____ M - F

Child's Name

Date of Birth
(month/day/year)

Name used

Gender (circle): Male Female

Age as of 06-01-2021.....Yr.....Months

Home phone.....

Address
(street) (city) (zip)

Class attended in 2020-21 school year School.....

If registering more than one child and need matching days, please list names of other child(ren).
Please complete one form for each child.

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Parent..... Parent

Occupation..... Occupation.....

Work # Work #

Cell# Cell#

Email Email

Sibling's names and ages (attended Hudson?).....

Is your family a member of Hudson?..... Church members receive 10% tuition discount

Previous Preschool experience.....

Does your child have any:

Chronic medical conditions (asthma, allergies, diabetes, etc...)?

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Speech, motor skill delays/challenges, special education needs?

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Social/emotional concerns (separation anxiety, fears, etc...)?

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List some of your child's favorite toys, books, games, etc...

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Please share some information to help us better care for your child:

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The staff cannot permit a child to leave with anyone other than the parents listed on the front of this form or persons authorized in writing by a parent. Please list friends or relatives you are authorizing to pick up your child (a picture ID will be required). If a change is necessary, the parent must notify the school in writing.

Name

Relation

Number

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Parent's signature

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Date