



New Hope Baptist Preschool
2022-2023 Registration Packet
preschool@newhoperaleigh.org

Thank you for your interest in our preschool!

REGISTRATION PROCEDURES:

1. Complete the registration form (a separate form is required for each child).
2. The registration fee is an administrative fee to secure supplies and staffing and is not a tuition payment. It is a non-refundable fee due upon registration. The registration fee must be paid along with your registration form to secure your child's place at our school.
3. Provide the Medical Form and Immunizations records prior to the start of the school year. New Hope Baptist preschool does not accept religious exemptions for immunizations.

REGISTRATION DATES:

Monday, January 7, 2022: Current families and New Hope Baptist Church Members

Monday, January 14, 2022: General Public

OTHER INFORMATION:

- Our preschool runs from Labor Day through Memorial Day.
- Our daily schedule is 9:15 – 1, with staggered dismissal beginning at 12:45. There is a late pick up fee.
- Students will be assigned to a classroom based on their age on August 31, 2022, as per Wake County's age cut-off policy.
- Students will bring a lunch and water bottle to enjoy in class each day. Some classes will also ask students to bring snacks.
- Tuition payments are due on the 1st of each month. There is a late fee of \$25 for any payments received after the 5th of each month.
- Toddlers must be 12 months of age and walking to join the toddler class.
- Students in the 3's and 4's classes must be fully potty trained by the first day of school.

SCHEDULES AND MONTHLY TUITION FEES (2022-2023)

Registration Fee: \$200 per student (\$150 for each additional sibling)

Toddlers:	3 day (M/T/Th) \$280	4 day (M-Th) \$315
Twos:	3 day (M/T/Th) \$280	4 day (M-Th) \$315
Threes:	3 day (M/T/Th) \$280	4 days (M-Th) \$315
Fours:	4 day (M-Th) \$315	

New Hope Baptist Preschool
2022-2023 Calendar
AT A GLANCE

August	29 – Sept 1	Staff Returns to school- Workdays
September	5	Closed- Labor Day Holiday
	6	Meet the Teacher Day **Students welcome** Small Sessions, Time to be announced
	7 - 8	First Days of School! Modified Schedule (9:15 am to 11:15 am) No Lunch
	12	Begin Regular Schedule
	26	Closed – Teacher Workday
October	10	Closed - Teacher Workday
	TBD	Fall Fun at Hillridge Farms (no school)
November	1	Early Release Day – Staff Meeting No Lunch
	23 & 24	Closed for Thanksgiving
December	15	Christmas Program – Early Release
	19 – Jan 2	Closed – Christmas Break
January	2	Closed - Teacher Workday
	3	Students Return to School!
	16	Closed – MLK Holiday
February	1	Early Release Day – Staff Meeting No Lunch
	20	Closed – President’s Day
April	3 - 6	Closed – Spring Break
	17 - 20	Week of the Young Child Fun Activities at Preschool!
May	3	Early Release Day – Staff Meeting No Lunch
	23	4’s graduation at 10:00
	23	End of Year Playdate at 11:00
	23	Last Day of School/Early Release at 12:00
	24 & 25	Closed - Teacher Workdays



Office Use Only	
Reg. Fee Date Paid:	_____
Teacher:	_____ Sched. _____
Procure:	_____ Siblings: _____

New Hope Baptist Preschool
2022 – 2023 Registration Form
Registration Fee Must Accompany This Form

Child's Full Name: _____ Name Used: _____

Sex (circle): Male Female Date of Birth: _____

Primary Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Preferred E-mail(s): _____

Sibling(s) Names and Ages: _____

Emergency Contact: _____ Phone: _____

Pediatrician: _____ Phone: _____

Preferred Hospital: _____

Allergies: _____

I/we authorize the following people to pick up our child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please circle your preferred schedule: 3 day (M/T/Th) or 4 day (M-Th)

Our pre-k class is only offered 4 days per week. Any child aged 4+ by 8/31/22 will be placed on the 4 day schedule.

Class placement is determined by your child's age as of August 31, 2022.

I understand that by registering my child for New Hope Baptist Preschool, I agree to abide by the operational and financial policies set forth by the preschool. The Parent Handbook and covid guidelines can be found at www.newhopebaptistpreschool.com.

Signature: _____ Date: _____

Do you have any concerns about your child's development in any of the following areas (please check all that apply):

Small motor skills _____ (cutting, pincher grasp, feeding himself, holding a crayon etc.)

Large motor skills _____ (walking, running, jumping, climbing, walking up steps etc.)

Behavioral Issues _____ (hitting, biting, kicking, listening etc.)

Speech _____ (articulation, stuttering, non-verbal etc.)

Language _____ (following simple directions, answering questions, understanding language etc.)

Social/Emotional _____ (shyness, inability to share, separation anxiety etc.)

Vision _____ (discern colors, see objects at a distance, see objects close-up)

Hearing _____ (distinguishing between different sounds, able to hear spoken words)

Please explain any items checked: _____

Has your child been evaluated for any of the following?

Speech _____ Behavior _____ Development _____ Language _____

Results of the Evaluation _____

Has your child received or is currently receiving any preschool services at this time?

Occupational Therapy _____ Physical Therapy _____ Speech _____ Language _____
Other _____

Services are being provided through _____

New Hope Baptist Preschool partners with Wake County's Project Enlightenment and other professionals, including a speech pathologist to visit our school annually. We want to help our students and families reach their full potential. Many observations/evaluations are school wide, but if we recognize areas where your child could experience growth, we may suggest individual observations or referrals to other specialists.

Permission slips will be sent home in advance of these services.

Child's Name: _____ **Date of Birth:** _____

By signing below, I authorize the staff of New Hope Baptist Preschool to provide and/or seek emergency medical care for my child in the event of an emergency. I also agree to the following:

PHOTO RELEASE:

New Hope Baptist Preschool staff and teachers often take pictures and videos of our classroom settings and students. We use pictures and/or videos for crafts, bulletin boards, memory keepsakes, slideshows, newsletters, website and social media.

Please initial your preference:

_____ **Yes, I give permission for my child's photo to be used for the above purposes.**

_____ **No, I do not give permission for my child's photo to be used for the school's website or social media.**

Please note: Your child's photo will still be used for crafts, bulletin boards, newsletters, and e-mail updates to your child's class.

POLICY ADHERENCE:

I agree to abide by the policies set forth in the Parent Handbook. The Parent Handbook is provided to me on the website at www.newhopebaptistpreschool.com. Policies of note include: the payment policy and late fees, safe carpool procedures, our sick and covid policies, prompt pick up and late pick-up fees, our weather policy, and more.

Parent Initials: _____

COVID-19 POLICY:

Our school follows the most current recommendations provided by the CDC and NCDHHS. Please visit our website for the most recent COVID policy. This policy is subject to change throughout the school year, and parents will be provided an up-to-date policy at that time. Highlights of the current policy include quarantine lengths, masking, testing expectations, keeping children home who exhibit any symptoms, and the tuition policy for missed days. By enrolling your child, you agree to follow our covid guidelines to help keep our students and staff safe. If your child is vaccinated for COVID-19, please indicate it on the immunization form. Vaccinated students have different quarantine guidelines than unvaccinated students in the event of a COVID exposure.

Parent Initials: _____

- I understand that the Registration Fee is a **non-refundable** administrative fee. The registration fee is valid for the 2022-2023 school year. If you enroll your child in subsequent years, a registration fee will be due for each subsequent school year.
- I agree to pay the full monthly tuition on time and provide a 30 day notice should we unenroll.
- I will provide my medical forms and proof of immunizations prior to the start of the school year.
- I agree to the above permissions, releases, and authorizations

Parent/Guardian Signature: _____ Date: _____

Children's Medical Report

TO BE COMPLETED BY PARENT:

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent of Guardian _____

Does your child have any allergies? If so, please list: _____

TO BE COMPLETED BY MEDICAL PROFESSIONAL:

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N. C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for EPSDT program.

Height _____ % Weight _____ % Head _____ Eyes _____ Ears _____

Nose _____ Teeth _____ Throat _____ Neck _____ Heart _____ Chest _____

Abd/GU _____ Ext _____ Neurological System _____

Skin _____ Vision _____ Hearing _____

Results of Tuberculin Test, if given: Type _____ date _____

Normal ___ Abnormal ___ followup _____

Developmental Evaluation: delayed _____ age appropriate _____ If delay, note significance and special care needed; _____

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendations: _____

Date of Examination _____

Signature of authorized examiner/title _____ Phone # _____

IMMUNIZATION HISTORY: The health official must enter the date of each immunization or provide an attached sheet.

Vaccine	Date	Date	Date	Date	Date
DTap/DTP					
Hib					
IPV					
Hep B					
Hep A					
MMR					
Varivax					
COVID-19 or other					