



FALL ENROLLMENT REGISTRATION FORM Date registered _____

Child's Name _____
(Name to appear on nametag)

Address _____

City _____ Zip Code _____

Parent's Names _____

Home Phone _____ Work Phone _____

Birth Date _____ Email Address _____

I attend New Hope Church ____ Yes ____ No

Indicate session for which you are registering your child:

3-Year-Old Classes (children 33-47 months of age)

- ____ Monday am (1 day class) 9:15-11:30
- ____ Tuesday/Thursday am 9:15-11:30
- ____ Wednesday/Friday am 9:15-11:30

4 & 5-Year-Old Classes

- ____ Tuesday/Thursday am 9:15-11:45
- ____ Tuesday/Thursday (all day) 9am-3pm
- ____ Monday/Wednesday/Friday am 9:15-11:45
- ____ Monday/Wednesday/Friday 9am-1pm

Mail to: CrossRoads Pre-K, 4225 Gettysburg Avenue North New Hope, MN 55428

I hereby consent to have CrossRoads Pre-K include with my child's name, the parent or guardian's name, address and home phone number on the class lists.

Parent or Guardian Signature Date

I only want my child's name to appear on the class list.

Parent or Guardian Signature Date

For Office Use Only: Registration Fee _____ Down Payment _____