

**NEW STUDENT**

Date Registered \_\_\_\_\_

**FALL ENROLLMENT REGISTRATION FORM**

Child's Name \_\_\_\_\_  
Name to appear on name tag

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 months of age to 47 months of age.

- \_\_\_\_\_ Monday a.m. (1 day class) 9:15 - 11:30
- \_\_\_\_\_ Tuesday - Thursday a.m. 9:15 - 11:30
- \_\_\_\_\_ Wednesday - Friday a.m. 9:15 - 11:30

4 and 5 Year Old Classes

- \_\_\_\_\_ Tuesday - Thursday a.m. 9:15 - 11:45
- \_\_\_\_\_ Tuesday - Thursday All day 9:00 - 3:00
- \_\_\_\_\_ Monday - Wednesday - Friday a.m. 9:15 - 11:45
- \_\_\_\_\_ Monday - Wednesday - Friday a.m. 9:00 - 1:00

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

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For Office Use Only

Registration Fee \_\_\_\_\_ Down Payment \_\_\_\_\_