

PLEASE KEEP THIS PAGE FOR YOUR RECORDS!

Parents,

Attached you will find a registration form for the 2024-25 school year. We encourage you to fill this out and return it ASAP to ensure your child has a spot in their class next year. Enrollment for existing students and siblings opens in February and in March for new students. Spots are on a first come first serve basis.

Our hours are 8:30 a.m.-1 p.m. Tuesday and Thursday. Children will need to bring a snack and their lunch each day. (Teachers may assign snack helpers throughout the school year.)

TUITION FEES FOR 2024-25

One Child - \$160 per month

Two Children- \$290 per month

Three Children - \$400 per month

Tuition will run August 2024 – May 2025. All months will be the same tuition rate no matter the number of days attended each month. **The registration fee is \$75 per child or \$120 per family.**

Your child’s spot will not be held until your registration packet is complete. **The following items must be submitted for a complete registration:**

- 1. Registration form

- 2. Registration fee (**Please include a check for the \$75 or \$120 registration fee with registration form. Registration fee is NOT automatically withdrawn from your account.**)

- 3. ACH Debit Authorization form with attached check (**If you are a returning student and your information is the same, please indicate that on the form and you will not need to resubmit.**)

Dates for 2024-25:

Meet the Teacher – July 26

First Day of Preschool – July 30

Fall Break – September 30- October 11

Thanksgiving Break – November 25-29

Christmas Break – December 23-January 7

Spring Break – March 17-28

Last Day of Preschool – May 15 K4 Graduation – May 18

If you have any questions, please don’t hesitate to ask. Thanks for all your support through the years!

Good Hope Preschool Director, Amanda Powell
601-550-3306

Good Hope Preschool REGISTRATION FORM 2024-25

(Please Print)

CHILD INFORMATION							
Child's last name:	First:	Middle:	Name Child Goes By:	Birth date:	Age on Sept. 1, 2024 :	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address:							
P.O. box:		City:		State:	ZIP Code:		
Potty Trained <input type="checkbox"/> Y <input type="checkbox"/> N Must be potty trained to enter 3 & 4 year old classes				Vaccinations Up-To-Date <input type="checkbox"/> Y <input type="checkbox"/> N Please be able to provide upon request.			
Allergies <input type="checkbox"/> Y <input type="checkbox"/> N Explain:				Medical or Physical Needs <input type="checkbox"/> Y <input type="checkbox"/> N Explain:			

PARENT/GUARDIAN INFORMATION				
Father:	Address: <input type="checkbox"/> Same as above		Employer:	Work Phone:
Church Membership:	Email:	Home Phone:	Cell Phone:	Text Messaging <input type="checkbox"/> Y <input type="checkbox"/> N
Mother:	Address: <input type="checkbox"/> Same as above		Employer:	Work Phone:
Church Membership:	Email:	Home Phone:	Cell Phone:	Text Messaging <input type="checkbox"/> Y <input type="checkbox"/> N

IN CASE OF EMERGENCY		
Name:	Relationship to child:	Phone #:
Name:	Relationship to child:	Phone #:
Doctor:	Clinic:	Phone #:

ADDITIONAL PERSON(S) ALLOWED TO PICK-UP CHILD		
Name:	Relationship to child:	Phone #:
Name:	Relationship to child:	Phone #:
Name:	Relationship to child:	Phone #:

Waiver and Release of Liability:

I hereby agree to indemnify and hold harmless Good Hope Preschool, its employees, instructors, and volunteers from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or connected with participation in preschool. In the case of an emergency, I hereby grant permission for my child to be treated by a qualified physician. My child will be covered under my insurance if medical assistance is needed.

I give permission for my child's photo and artwork to be used in all forms of Good Hope Preschool's publicity, brochures and web site.

I have read and understand the above:

Print Name: _____ Relationship: _____

Signature of Parent or Legal Guardian: _____ Date: ____ / ____ / _____

I understand that the registration fee (\$75 for 1 child or \$120 per family) is non-refundable and applies to the school year 2024-25. The registration fee must accompany this registration form. _____(initials)

I understand that monthly tuition is due in full regardless of the number of days attended. Monthly tuition for one child is \$160, \$290 for two children and \$400 for three children. Tuition is withdrawn on the 1st of the month. Any automatic withdrawals returned for non-sufficient funds will be charged a fee of \$40. _____(initials)

I understand that a \$30.00 supply fee (per child) is due in January. This fee will be withdrawn with January tuition. _____(initials)

I understand that I must provide a 2 week notice of withdrawal from the program and pay any fees and/or balances owed due to withdrawal. _____(initials)

Office use: Registration Form _____ Registration Fee Paid _____ Check # _____ Cash _____ Debit Authorization Form/Voiced Check _____ Registration complete on _____ Class placement _____
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Good Hope Preschool



ACH Debit Authorization Form

Good Hope Preschool
PO Box 1117
Purvis, MS 39475

I (we) hereby authorize Good Hope Preschool (herein referred to as "Company") to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called "Depository", for the purpose of accomplishing the following preauthorized payment for tuition services.

Bank Name _____ **Branch** _____

City _____ **State** _____ **Zip** _____

Routing# _____ **Account#** _____

Amount Debited One Child- \$160 month Two Children - \$290 month Three children - \$400 month
\$30 Supply Fee in January

Day(s) of debit 1st of the month (August- May)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Depositor Name(s) _____

Address _____

City _____ **State** _____ **Zip** _____

Signature _____ **Date** _____

Signature _____ **Date** _____

Account holder is required to verify bank account data and attach a voided check here

ATTACH VOIDED CHECK HERE