

Helping Hands Christian Preschool

5050 Hiller Lane, Martinez, CA 94553; Ph#1-925-229-2975; hhcpmartinez.org; Lic #070213854

For your child(ren) to be considered enrolled for the 2025-26 school year, you must complete and turn in the back side of this form - along with any outstanding forms or fees and the annual registration fee. The non-refundable registration fee is \$125 for the first child and \$50 for each additional sibling in the immediate family. This is an annual fee that is not a portion of tuition.

Availability of days is contingent upon enrollment and staffing. Summer session will be a separate form. Registration for continuing or returning families begins Monday, January 6, 2025. New families can begin enrolling Monday, February 3. Buddy Bonus \$100 tuition credit is given to students who refer a family once the new friends start and pay their first month's full tuition. Thank you for sharing our preschool with the community. See Admission Agreement and Parent Handbook for more information.

FORMS NEEDED BEFORE ENTRANCE (available in May under downloads at hhcpmartinez.org):

- ~Admission Agreement (annual)
- ~Consent for Medical Treatment LIC627
- ~Identification & Emergency Information LIC700
- ~Immunization Record
- ~Parent's Rights LIC995
- ~Personal Rights LIC613A
- ~Physician's Report LIC701
- ~Pre-admission Health History LIC702

NEEDED FIRST DAY OF PRESCHOOL:

- ~Emergency Kit (info & contact sheet under downloads)
- ~Complete change of clothing (shirt, pants, socks, underwear); 2 sets plus an extra pair of shoes for those undergoing potty training
- ~Diapers (unless fully potty trained)

2025-2026 SCHOOL YEAR:

Monday, August 25, 2025, through Wednesday, May 20, 2026

(Pre-TK Celebration, Thursday, 05/21/26, at 6PM)

Pre-TK class, room 10: 4 by September 1, 2026

3s class, room 17: 3 by September 1, 2026

2s class, room 18: must be 2 (24 months) before attending HHCP

Daily limit of 12 children per class. Typically, we keep 2's at 1:5; 3's, 1:8; & pre-TK, 1:10.

Please circle desired schedule of attendance for August through May Session:

1st choice (up to 4d/wk): **Mondays Tuesday Wednesdays Thursdays Fridays**

2nd choice (up to 4d/wk): **Mondays Tuesdays Wednesdays Thursdays Fridays**

Child's Name: _____

***Only fill out the rest if your child does NOT already have a file OR if there are CHANGES not yet on file:*

Birth Date: ____/____/____ Gender: _____ Phone: (____)____-_____

Parents' Names: _____

Siblings' Names & Ages: _____

Street Address: _____

City & ZIP Code: _____

Email: _____

Referred by: _____

OFFICE USE ONLY:	DATE REC'D ____/____/____	BY _____	# _____
Cash/Check # _____	Amount Paid _____	Signed _____	