## **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 2024-25 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 <u>not</u> 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 Tuesday, January 2, 2024 (I plan to be in that morning, 8:30-12). 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.

| Days/Week | Total Fee | Sibling Discount 10% off for $2^{nd}$ child |
|-----------|-----------|---|
| 4         | \$620.00  | (62.00)                                     |
| 3         | \$465.00  | (46.50)                                     |
| 2         | \$310.00  | (31.00)                                     |
| 1         | \$155.00  | (15.50)                                     |

FORMS NEEDED BEFORE ENTRANCE (available in May under downloads at hhcpmartinez.org and due at Parent Orientation, 7/30/24—summer students need to complete forms by 5/15; returning students only need the newest Admission Agreement and to review their file to keep information current):

|  | 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 (please place each in separate, labeled, gallon Ziploc): |   |  |  |  |
|  | Emergency Kit (info & contact sheet under downloads)                                    |  |  |  |
|  | Complete change of clothing (shirt, pants, socks, underwear); 2 sets for those training |  |  |  |
|  | Diapers (unless fully potty trained)  |  |  |  |
|  |   |  |  |  |

## **2024-2025 SCHOOL YEAR:**

## Monday, August 26, 2024, through Wednesday, May 21, 2025

(Pre-TK Celebration, Thursday, 05/22/25, at 6PM)

Pre-TK class: 4 by September 1, 2025

3s class: 3 by September 1, 2026

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

2's, room 18; 3's, room 17; pre-TK, room 10; class limit of twelve children per class each morning. Typically, we keep 2's at 1:5; 3's at 1:8; and pre-TK at 1:10.

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

| 1st choice:               | Mondays              | Tuesdays            | Wednesdays               | Thursdays          | Fridays           | (up to 4)    |
|---------------------------|----------------------|---------------------|--------------------------|--------------------|-------------------|--------------|
| 2nd choice:               | Mondays              | Tuesdays            | Wednesdays               | Thursdays          | Fridays           | (up to 4)    |
| Child's Name:             |                      |                     |                          |                    |                   |              |
| **This section only needs | s to be completed if | your child does not | yet have a file or if th | ere are changes to | any of the inforn | nation:      |
| Birth Date:               | _//                  | Gender:             | : F / M P                | hone: (            | )                 | -            |
| Parents' Names:           |                      |                     |                          |                    |                   | <del> </del> |
| Siblings' Names           |                      |                     |                          |                    |                   |              |
| Street Address:           |                      |                     |                          |                    |                   |              |
| City, State, Zip (        | Zode:                |                     |                          |                    |                   |              |
| Email:                    |                      |                     |                          |                    |                   |              |
| Referred by:              |                      |                     |                          |                    |                   |              |
| OFFICE USE O              |                      |                     |                          |                    |                   |              |
| Annual Registration       | Cash/Check #         | Amount              | t Paid                   | Signed             |                   |              |