

Lori Strang, Preschool Director

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Hope Community and Sonshine Preschool

1445 South Meadows Parkway Suite 101

Reno, NV 89521

www.encounterhope.org



ENROLLMENT APPLICATION

Child's Name _____ Male/Female _____ Birthday _____ / _____ / _____

Home Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent Information: Married Single Separated Divorced

Mother's Name _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Mother's Address (if different from child's home address)

Father's Name _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Father's Address (if different from child's home address)

Desired Schedule and Monthly Tuition Schedule:

- Tuesday and Thursday Preschool (\$270)
- Monday, Wednesday and Friday Preschool (\$360)
- Monday - Friday Preschool (\$500)

- Tuesday and Thursday Preschool w/ Extended Care (\$335)
- Monday, Wednesday and Friday Preschool w/ Extended Care (\$495)
- Monday - Friday Preschool w/ Extended Care (\$635)

PRESCHOOL DIRECTOR USE

CHK #:

AMOUNT:

BANK:

NOTES:

There is a \$50 non-refundable fee due each year with the submission of the Enrollment Application. Please make checks payable to Hope Community.

As the parent/guardian, I understand that I need to report any changes to the information listed on this form, to ensure that Sonshine Preschool is able to reach me for the placement of my child in the preschool. Failure to report information changes may result in removal from the wait list if I cannot be reached by what was provided on this form.

X _____
Signature Printed Name Date