



New Hope Preschool Registration 2025-2026

New Hope Presbyterian Church
3737 New Hope Way, Castle Rock, CO 80109
Ph: 303.663.6077 Fax: 303.660.1532
Email: bnachand@newhopepres.org

**** Non-refundable Annual Registration Fee: \$85 (\$125 per family if registering more than one child) due at time of registration.**

Today's Date: _____

Child's Information

First Name	Last Name	Preferred Name (if any)	Gender	Birthdate

Program Preference: Please indicate order of preference (1st choice, 2nd choice, 3rd choice, etc.)

EARLY PRESCHOOL (9:00-1:00)

(Must be age 2 1/2 to start. No potty-training requirement.)

Monday/Tuesday

Monday/Tuesday/Wednesday/Thursday

Wednesday/Thursday

PRESCHOOL (9:00-1:00)

(Age 3 and potty-trained by October 1)

Monday/Tuesday/Wednesday/Thursday

Tuesday/Wednesday/Thursday

Monday/Tuesday

Wednesday/Thursday

PRE-KINDERGARTEN (9:00-1:00)

(Age 4 and potty-trained by October 1)

Must also register through UPKColorado.gov and be matched with our program to secure a spot

Monday/Tuesday/Wednesday/Thursday (16 hours) Tuesday/Wednesday/Thursday (12 hours)

TRANSITIONAL KINDERGARTEN (9:00-1:00)

(Age 5 and potty-trained by October 1)

Monday/Tuesday/Wednesday/Thursday

(OVER)

Parent Contact Information

Parent #1 Name: _____

Parent #2 Name: _____

Primary Phone: _____

Primary email address: _____

Street Address: _____

City/State/Zip: _____

Check all that apply:

Currently enrolled NHP Family NHP Alumni Family New to New Hope Preschool

New Hope Church Member

*How did you hear about NHP? _____

*Church Affiliation (if any) _____

Releases and Signature

I fully understand and support the mission of NHP to help my child develop spiritually, socially, cognitively, and physically.

My signature below releases all NHPC employees to both view and process all information about my child, including confidential information such as medical information, immunization records, and health status forms.

My signature below also communicates my understanding that the confidentiality of all information sent electronically may be compromised.

Parent or Legal Guardian Signature

Date

Office Use Only:

Date Received: _____

Check Number/Cash _____

Amount: _____