

HUDSONVILLE CHRISTIAN SCHOOL
 3435 OAK STREET
 HUDSONVILLE, MI 49426
 Early Childhood Office: (616) 669-7486
 Main Office: (616) 669-6689; Fax: (616) 669-7491
 Email: jmoes@4hcs.org (Early Childhood Director)



4 SCHOOL ENROLLMENT FORM 2020-2021

Student's Name _____ Birth date _____
First Middle Last (Birthdate guideline prior 9/1/16)

Parents _____ Gender: M F
Last Father Mother

Address _____
Street City Zip Phone #

Email address _____ Church Affiliation _____
Church membership

Please help us know how we can support your child here at Hudsonville Christian:

Please list any known allergies: _____

Please describe any known physical or emotional challenges: _____

Please describe any known academic needs: _____

Does your child have an IEP, non-public service plan and/or receive special services? _____

Please list any previous school or day care experiences: _____

Hudsonville Christian 4 SCHOOL Options: Please mark your 1st and 2nd choice below.

- | Class Times | 8:15-11:00 AM | 12:00-2:30 PM |
|--|----------------------|----------------------|
| <input type="checkbox"/> Monday/Wednesday | ___ AM | |
| <input type="checkbox"/> Tuesday/Thursday | ___ AM | |
| <input type="checkbox"/> Monday/Wednesday/Friday | ___ AM | ___ PM |
| <input type="checkbox"/> Tuesday/Thursday/Friday | ___ AM | |

Is your child planning on dual-enrolling in Nature-Based 4 School? _____

Please Note:

A minimum class amount is needed to offer a 4 School class and each class has a maximum size. Every effort is made to honor your first choice and if your selected classes are full, you will be contacted about an alternate placement.

TUITION: \$ 915 (2 days)
 \$ 1,380 (3 days)

Enrollment fee (non-refundable): \$90 (applies toward tuition)

****PLEASE NOTE: We will not hold a spot for your child unless an enrollment fee is included and the enrollment form is signed****

