

**'TWEEN SCHOOL 'N HOME CHILD CARE PROGRAM**

**Pre-REGISTRATION FORM -- for School Year 2023/2024**

Check one: ☐ New Registration ☐ Returning Registration

**This is step #1 in the registration process. RETURN THIS FORM with a \$25.00 per child, non-refundable registration fee (first-time registrants only; made payable to TSNH) to: 'Tween School 'n Home, c/o Harold Martin School, 271 Main Street, Hopkinton, NH 03229. A full packet of additional registration materials will follow.**

First day (date) attending: \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_ Date(s) of Birth: \_\_\_\_\_

Nickname(s)/Likes to be called: \_\_\_\_\_

Present Age(s): \_\_\_\_\_ Present Grade(s): \_\_\_\_\_ Grade(s) this Fall: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from street address): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

**Mother's:** Name: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father's:** Name: \_\_\_\_\_ Work e-mail: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special circumstances of which we need to be aware, e.g., health issues, custody issues, etc.?

**I am registering my child/children for and agree to sign a Tuition Payment Agreement with TSNH:**

\_\_\_\_\_ Full-Time (Monday through Friday)

\_\_\_\_\_ Part-Time Regular, i.e., same days every week as indicated: M T W TH F  
(2 day minimum required)

**PLEASE NOTE: A 30-day written notice is required to reduce a registration or withdraw your child.**

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Parent or Guardian