

# Little Chiefs Preschool



Hopatcong High School

Department of Family and Consumer Science

Early Childhood Preschool Education Program

Child's First Name:		Child's Last Name:	
Male <input type="checkbox"/>		Female <input type="checkbox"/>	
		Child's Date of Birth:	
Parent/Guardian First Name:		Parent/Guardian Last Name:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	
Email Address:			

Parent Signature:

- I am interested in registering my child for the **morning session** from 8:00 – 10:35am.
- I am interested in registering my child for the **afternoon session** from 11:00 – 1:40pm.

**Please return this form to the Curriculum Department of the Administration Building or email your completed form to [jmullane@hopatcongschools.org](mailto:jmullane@hopatcongschools.org).**