



Bethesda Christian Preschool

1517 Northwestern Avenue
Enrollment Application

2008-2009

Please read our enrollment policies and procedures before completing this form. Please print and sign at the bottom.

Returning Student? Yes No Bethesda Member? Yes No
 Has a sibling or parent previously attended Bethesda? Yes No
 If 'Yes', Name _____ Year _____

| | | | | |
|-------------------------|------------------------------|--------|--------------------|----------------|
| Child's First Name | | Middle | Last | Sex |
| | | | | Male Female |
| Street Address | | | City | State ZIP |
| | | | | |
| Birth date (mm/dd/yyyy) | Age as of September 15, 2008 | | Siblings Applying? | Names |
| | _____ Years _____ Months | | Yes No | |
| Mother's First Name | Last Name | | Email Address | |
| | | | | |
| Daytime Phone | Home Phone | | Cell Phone | |
| | | | | |
| Father's First Name | Last Name | | Email Address | |
| | | | | |
| Daytime Phone | Home Phone | | Cell Phone | |
| | | | | |

Please indicate all classes that you would consider by order of preference: 1,2,3,4,5. Some groups fill quickly; we suggest you list ALL classes you will be able to accept. You may be placed on a waiting list for your first choice.

All class offerings subject to change due to demand.

| Three Day Programs (4 years or older by Sept. 15, 2008) | | | | Two Day Programs (3- and 4-year-olds) | | | |
|--|----------|----------------|-------------|--|------|---------------|----------------|
| | M-W-F | 9:00-11:30am | Pat/Jamie | | T-Th | 9:00a-11:30am | Pat/Mary Ellen |
| | M-W-F | 9:15-11:45am | Laurie/Jan | | T-Th | 9:15a-11:45am | Laurie/Jan |
| Four Day Program (Older 4- and 5- year-olds) | | | | | | | |
| | M-T-Th-F | 9:30am-12:00pm | Jackie/Judy | | | | |

| Possible Option | |
|---|---|
| If enrollment numbers warrant adding additional classes, would you be consider an afternoon class? Check one... | |
| <input type="checkbox"/> | I would prefer an afternoon class |
| <input type="checkbox"/> | I would consider an afternoon class if mornings were full |

Parent's Signature _____ **Date** _____
 How did you become aware of Bethesda Christian Preschool? _____

Mail this form and the \$20 nonrefundable application fee to Bethesda. (Must be mailed and postmarked by March 1, 2008, not dropped off.) Please retain the enrollment information sheets for your future reference.

| | | | |
|------------------------|---|--------------------------|--|
| Office Use Only | | | |
| Date received: _____ | \$20 Fee Paid: <input type="checkbox"/> Check <input type="checkbox"/> Cash | Confirmation Sent: _____ | <input type="checkbox"/> Email <input type="checkbox"/> Postcard |

Bethesda Christian Preschool admits students of any race, color and national or ethnic origin.