



Bethesda Christian Preschool

1517 Northwestern Avenue
Enrollment Application

2010-2011

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

Returning Student? Yes No Church 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, 2010		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: 1,2,3,4,5,6. 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 Dec. 15, 2010)			
	M-W-F	9:00am-11:30am	Pat/Jamie
	M-W-F	9:15am-11:45am	Laurie/Jan

Two Day Programs (3- and 4-year-olds)			
	T-Th	9:00am-11:30am	Pat/Mary Ellen
	T-Th	9:15am-11:45am	Laurie/Jan
	T-Th	1:00pm-3:30pm	Pat/Laurie

Four Day Program (Older 4- and 5- year-olds)			
	M-T-Th-F	9:30am-12:00pm	Jackie/Dana

Parent's Signature _____

Date _____

How did you become aware of Bethesda Christian Preschool? _____

Mail this form and the \$20 nonrefundable application fee to Bethesda. (Application must be mailed and postmarked by March 1, 2010, 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.