



BETHLEHEM LUTHERAN PRESCHOOL
****REGISTRATION FORM****

CHILD'S NAME _____ SEX M _____ F _____

AGE (at time of registration) _____ BIRTH DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ ADDRESS _____
(If Different than above) (If Different than above)

PHONE (H) _____ (W) _____ PHONE (H) _____ (W) _____
 (Cell) _____ (Cell) _____

E-MAIL ADDRESS _____

Please indicate the class you wish to enroll your child in from the list below.

4 Year Old Class (Must be 4 on or before 9/1/09)

_____ Monday, Tuesday, Wednesday, Thursday AM 9:00-11:30

_____ Monday, Wednesday, Thursday AM 9:00-11:30

3/4 Year Old Mixed Age Class (Must be 3 on or before 9/01/09)

_____ Monday, Tuesday, Thursday AM 9:00-11:30

3 Year Old Class (Must be 3 on or before 9/01/09)

_____ Tuesday - Thursday AM 9:00-11:30

2 Year Old Parent/Child Class (Must be 2 on or before 9/01/09)

_____ Tuesday AM 9:15-11:00

OFFICE USE ONLY:

Registration Fee Received Date _____ Amount _____ Ck# _____ Cash _____