



**BETHLEHEM PRESCHOOL & DAYCARE
ENROLLMENT APPLICATION**
Please fill in application completely and legibly

How did you hear about Bethlehem Preschool? _____ Referred by _____

Child's Name: _____ Sex: M F
First Name Middle Name Last Name

Address _____ City _____ Zip _____

Date of Birth ____ / ____ / ____

Baptized: No Yes Church Membership: No Yes Where: _____

Allergies: _____ **Medical Conditions:** _____

Enrolling Parent/Guardian _____
First Name Last Name Relationship to child

Address _____ City _____ Zip _____

Home phone # _____ Cell Phone # _____

Email address _____

Employer _____ Work Phone # _____ Occupation _____

Employer's Address _____ City _____ Zip _____

Child's Parent(s) Single Married Divorced Widowed Sibling Name: _____

Child lives with Both parents Mother Father Other Sibling Name: _____

Other Parent/Guardian _____
First Name Last Name Relationship to child

Address _____ City _____ Zip _____

Home phone # _____ Cell Phone # _____

Email address _____

Employer _____ Work Phone # _____ Occupation _____

Employer's Address _____ City _____ Zip _____

Type of program desired

Preschool (8:30am-12:30pm)

Full Day (6:30am-6:00pm)

Mark Days desired: Monday Tuesday Wednesday Thursday Friday

The registration fee of \$75 due at time of application is non-refundable.

School Year _____ Enrollment Date _____ Reg Fee pd _____ Start Date _____

Signature _____ Date _____