



**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 \$100 is due at time of application is non-refundable.***

School Year \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Reg Fee pd \_\_\_\_\_ Start Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_