

Bethel Preschool Registration Form 2020 - 2021 School Year

Please check one:

3-4 YO	(must be 3 by Aug 1 st)	Tues-Thurs	9-11:30	\$125/month	_____	(Minimum of 6)
4-5 YO	(must be 4 by Aug 1 st)	M W F	9-3pm	\$220/month	_____	(Minimum of 6)
4-5 YO	(must be 4 by Aug 1 st)	Tues-Thurs	9-3pm	\$165/month	_____	(Minimum of 6)

Today's Date: _____ **Child's Birth Date (M/D/Y):** _____ Male/Female _____

Child's first name _____ Child's last name _____ Child's nickname: _____

Child lives with: _____ both parents _____ single parent _____ grandparent _____ blended family _____ foster _____ other _____

Guardian 1: Relationship _____ Name _____ DOB _____

(Guardian should reflect who the child lives with)

Address _____ City _____ Zip _____

D/L Number _____

Home phone _____ Cell phone _____ Work Phone _____ Occupation _____

Email _____ Email #2 _____

Guardian 2: Relationship _____ Name _____ DOB _____

Address _____ City _____ Zip _____

D/L Number _____

Home phone _____ Cell phone _____ Work Phone _____ Occupation _____

Email _____ Email #2 _____

Emergency Contacts/Authorized to Pick up Child (besides guardians):

Relationship to child: _____ Name _____ Phone _____ Alternate # _____

Relationship to child: _____ Name _____ Phone _____ Alternate # _____

Relationship to child: _____ Name _____ Phone _____ Alternate # _____

Doctor's Name _____ Phone _____ Hospital preferred _____

Medical Insurance & Policy # _____

Are there any health problems or conditions about which we should know? Please include any allergies, disabilities, therapies, major health issues, behavioral issues.

School District for Kindergarten: Northwest Allen _____ FWCS _____ Parochial/Private _____

(continued on back)

Has your child attended preschool or daycare before? _____ If yes, where? _____

Does your child speak English? _____ If No, what language or non-verbal? _____

List other children in family (List name, age and sex.) _____

List other adults at home _____

Is your child toilet trained? **(3-5 yr. Olds must be toilet trained prior to starting school.)** _____

Do you attend church or Sunday school regularly? _____ Where? _____

I authorize Bethel Preschool to provide transportation for my child to and from planned activities yes ___ no ___

I authorize Bethel Preschool to provide transportation and/or care for my child in an emergency situation yes ___ no ___

My child may be photographed or videotaped for public display (news media, website, face book, newsletters, etc.) yes ___ no ___

I authorize the above emergency contacts to pick up my child yes _____ no _____

Is there anyone **not** authorized to pick up your child yes ___ no ___ If yes, whom? _____

I understand that there is a minimum enrollment policy. If there is less than the enrollment required, the class will then be cancelled.

Guardian Signature

Printed Name

Date

Mail registration form and nonrefundable fee of \$50.00 to:

Bethel Preschool
8405 Lima Road
Fort Wayne IN 46818
Attn: Sarah Davidson

Phone: 489-3651
Email: bethelkidsfw@gmail.com
Website: www.bethelkidsfw.com

Thank you for carefully completing this form. If any of this information changes during the school year, please contact the Director with the updated information.