

BETHEL PRESCHOOL
90 Bryn Mawr Avenue, Auburn, MA 01501

ENROLLMENT APPLICATION

(A non-refundable registration fee of \$35.00 applies.)

- _____ Nursery class- (must be 2yrs. 9 months by Aug.31)
Tue. and Thur. 9:00 - 11:30 A.M - \$113.00 per month
- Pre-kindergarten class-(must be 4yrs. old by Aug. 31)
Mon., Wed., and Fri. 9:00 - 11:30 A.M - \$145.00 per month
- _____ Pre-kindergarten Extended Day added "LunchBunch"
Mon., Wed., & Fri. 11:30 AM – 2:00 PM - \$125.00 per month

For School Use:

Date of Admission: _____

Registration Fee Paid: _____

Age at Admission: _____

Primary Language: _____

CHILD'S NAME (First) _____ (M. Init.) _____ (Last) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

PARENTS NAMES: (Father) _____ (Mother) _____

Home Address _____ Home Address _____

Cell phone: _____ Cell phone: _____

Home Phone: _____ Home Phone: _____

E-MAIL ADDRESS _____

OTHERS IN FAMILY/RELATIONSHIP _____

BUSINESS ADDRESS

MOTHER - NAME OF BUSINESS _____ TEL. NO. _____

ADDRESS _____ TIME AT WORK _____

FATHER - NAME OF BUSINESS _____ TEL. NO. _____

ADDRESS. _____ TIME AT WORK _____

IF PARENTS CANNOT BE CONTACTED, NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____ TEL NO. _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ TEL. NO. _____

CHILD'S PHYSICIAN/CLINIC _____ TEL. NO. _____

CHURCH/SYNAGOGUE _____

IDENTIFYING INFORMATION: (Required by the Dept. of Early Education & Care)

EYE COLOR _____ HAIR COLOR _____ HEIGHT _____

WEIGHT _____ SEX _____ RACE _____

IDENTIFYING MARKS _____

HOW DID YOU HERE ABOUT US? _____

DID YOU RECEIVE AND REVIEW A PARENT HANDBOOK _____

PARENTS SIGNATURE _____ DATE _____