

BETHEL WEEKDAY PRESCHOOL

19920 BETHEL CHURCH RD., CORNELIUS, NC 28031 (704) 896-3103

REGISTRATION FORM

Child's Name:			
FIRST	MIDDLE		LAST
Child's DOB:	Name to be used in c	lassroom/on scho	olwork:
Street Address			_Gender: male ☐ female ☐
City	Preferred Er	nail:	
Mom/Guardian Name:		Cell Phone	
Workplace		Email:	
Dad/Guardian Name:		Cell Phone	
Workplace:			
Church Affiliation:			
	OUR CLASSES FOR	2025 - 202	6
2 Year-Old Class	M/W 3	Year-Old Class	s
2 Year-Old Class		Year-Old Pre-K	 КМ-ТН []
3 Year-Old ClassT	/W/TH 4	/5 Year-Old TK	ClassM-TH
Who other the	han a parent, can we call	in the case of an	ı emergency?
Name	Relations	НІР	Telephone #
Physician:	Address:		Phone:
Dentist:			
In order for your child to receive challenges, developmental delay aware of:	optimal care while at press, therapies, allergies, eati	school, please des ng habits, fears et	scribe any special needs, health c. your child's teacher should b
	that the Christian faith a leekday Preschool and are		re the foundation of the Bethel to our daily curriculum.
Authorized Signati	ure		Date

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☐ Returning Student ☐ New Student ☐ Bethel Church Memb How did you hear about our preschool?	per
If someone referred you, please share your referral with us:)_	
I understand that in order for this enrollment to be complete at to the preschool: Current families, Bethel Church members and returning a \$100 registration fee and first tuition payment with registrate. Families new to the preschool will submit a \$100 registrate payment upon notification of acceptance into the preschool. Monthly tuition payments are as follows: M/W & T/Th 2 year-olds: \$255 T/W/TH 3 year-olds: \$300 M-TH 3 year-olds & Pre-K 4 year-olds: \$355 M-TH TK 4/5 year-olds: \$375 Immunizations are required for all children and must be used. Letters of religious or medical exemptions will not be acceptance. Immunization Records, Physician Statement and \$100 Accords are presented.	and for my child to be admitted lumni families will submit a ration form. tion fee and first tuition ol program.
 Registration and first month tuition is non-refundable Authorized Signature 	in all circumstances. DATE
EMERGENCY TREATMENT CONS	
In the event of an illness or an accident which requires immediate when a parent cannot be located, I give permission for Mathe Bethel Presbyterian Church Weekday Preschool, or other ted by the director, to authorize such treatment. I will not hold medical personnel libel. This is done with the understanding to contact the parents, the child's physician and other persons	diate medical attention at a Michelle Koslick, Director of Preschool personnel designatthe Preschool personnel or that every effort will be made
Authorized Signature	DATE
3 & 4 YEAR - OLD CLASS PARES [understand that my child must be toilet trained to attend schipull-Ups and being able to take care of bathroom needs independent of the Parent Handbook for more information about this possible. Authorized Signature	ool. This includes not using bendently. Please refer to page