

APPLICATION FOR ADMISSION TO
BETHANY DAY CARE/KINDERGARTEN/PRESCHOOL CENTER

I wish to enroll: _____ Date _____

CHILD'S NAME: _____
(last name) (first name) (middle name) (nickname)

SEX _____ DATE OF BIRTH _____ HOME PHONE (_____) _____

HOME ADDRESS: _____
(street) (city) (zip code)

FATHER'S NAME: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ HOURS _____ CELL PHONE: _____

MOTHER'S NAME: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ HOURS _____ CELL PHONE: _____

NAME AND AGES OF SIBLINGS: _____

CHURCH AFFILIATION: _____

DOES YOUR CHILD HAVE ANY PARTICULAR PROBLEMS OR FEARS? _____

WHO WILL PICK UP AND DELIVER YOUR CHILD? _____

DESIRED PROGRAM OF ENROLLMENT: full days preschool kindergarten latchkey

DESIRED DATE OF ENROLLMENT: _____

DESIRED DAYS OF ATTENDANCE: M T W T F HOURS: _____

WHERE DID YOU RECEIVE INFORMATION CONCERNING BETHANY? _____

PARENT'S SIGNATURE

ALL FORMS (these 4, plus the Parent/Center Contract), AND A \$40.00 REGISTRATION FEE, ARE DUE WHEN YOUR CHILD HAS BEEN ACCEPTED FOR A SPACE IN OUR CENTER. **YOU WILL BE CONTACTED BY PHONE AT THAT TIME.**

Revised 06/16