



Preschool Registration Form September 2021—June 2022

Date: _____

Name of

Child _____

Birth Date: _____ Sex: M F

Address: _____

_____ Home Phone _____

Parent Name: _____ Occupation _____

Business Address: _____

Cell Phone _____ E-Mail _____

Parent Name: _____ Occupation _____

Business Address: _____

Cell Phone _____ E-Mail _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

What expectations do you have for your child in our school?



Please share an aspect of your child that you consider unique or special:

What languages does your family speak at home? _____

Please note any health problems or allergies your child has:

Has your child been Immunized? Yes / No

Please list what your child has received

How did you hear about our school? _____

I would like to enroll my child (Beginning Date) _____

How many days a week? *9am to 1PM* 3 (**\$850 a month**) or 5 (**\$1100 a month**)

How many days a week? *9am to 3PM* 5 (\$1050 a month) or 5 (\$1300 a month)

Parent's signature _____

Date _____

Comments:



Credit Card Payment for Bel Air Preschool

Name

Address

City

ZIP

Credit Card

exp

I give permission for the Bel Air Preschool to charge my card (fill in amount)

\$_____ each month

Signature

Date