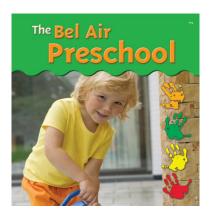
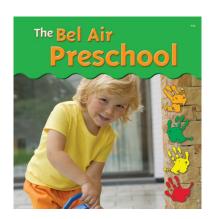


Registration Form

Date:		
Name of		
Child		
Birth Date:		
Address:		
Parent Name:		Occupation
Business Address:		
Parent Name:		Occupation
Business Address:		
Siblings:		
Name:	Age:	School:
Name:	Age:	School:
What expectations do yo	u have for your child	l 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 not any health problems or allergies your child has:		
How did you hear about our school?		
I would like to enroll my child (Beginning when)		
Parent's signature		
Date		
Fill out all forms, plus sign your Parent Handbook		
A non-refundable application fee of \$150 must accompany this application.		
Comments:		



Credit Card Payment

Name	
Address	
City	ZIP
Credit Card	exp
I give permission for the Bel Air Presch	nool to charge my card each month
Signature	
Date	