



Registration Form

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 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 Preschool to charge my card each month

Signature

Date