

Bethany Lutheran Preschool Registration Form

Child's Name: _____ Birthdate: _____

Address: _____

Phone: _____ Email: _____

Parent(s) Name(s): _____

I am registering for:

Age 3 (by September 15th of year of enrollment)

MWF 7:30am-5:30pm
(Preschool Hours 8:30am to 4:00pm)

\$380/month

Age 4 (by September 15th of year of enrollment)

MWF 7:30am-5:30pm
(Preschool Hours 8:30am to 4:00pm)

\$380/month



Thanks for registering with us. Please let us know how you found out about us?

A \$75 non-refundable fee for 3's and 4's is required along with this application. Please make checks payable to **Bethany Lutheran Preschool**.

Parent's Signature: _____

For more information, email bethanypreschool@gmail.com or visit

www.bethanypreschool.org
