

SCHOOL YEAR _____

For office use: Date Received _____

Enrollment #: _____ Age: _____

BLESSED BEGINNINGS PRESCHOOL REGISTRATION FORM

Parent(s) Name: _____ Child's Name: _____

Mailing

Address: _____ Child's Birth Date: _____

(Street, Number, P.O. Box)

_____ Telephone #: _____

(Town, Zip Code)

Does your child have any allergies? _____ If yes, please specify: _____
(yes) (no)

***NONREFUNDABLE** deposit: Paid _____ Check # _____ Cash _____

*This **nonrefundable** deposit consists of \$75 registration fee plus tuition for the month of May and enrolls your child for the 2010 - 11 school year...

PLEASE CHECK APPROPRIATE SESSION BELOW:

Mon./Wed./Fri. _____ 4 & 5 year olds

Tues./Thurs. _____ 3 year olds

(Registration deposit: \$305)

(Registration deposit: \$250)

Withdrawal Procedure

It is our hope that all children will remain in our program for the entire year, but we understand that situations arise when children must be withdrawn (i.e. relocation, illness, etc.) If you withdraw your child from our program for any reason, a two-week notice is required. Unless we receive a two week notice, you will be required to pay tuition for the following month.

Tuition payments are due on the first of each month, beginning in September and ending in April

I understand and agree to abide by Blessed Beginnings Preschool's withdrawal and tuition payment procedure.

Parent Signature

Date

Director

Date