



Bethany
Lutheran Preschool



register

Child's Name: _____

Address: _____

Phone: _____ Birthdate: _____

Parent(s) Name(s): _____

I am registering for:

Tues./Thurs.

(3-year-olds by Sept. 15th of
the year of enrollment)

9-11:30 a.m.

\$80.00/month

_____ T/Th 9:00–11:30 a.m.

Mon./Weds./Fri.

(4-year-olds by Sept. 15th of
the year of enrollment)

9-11:30 a.m.

\$100.00/month

_____ M/W/F 9:00-11:30 a.m.

Note: Sign-up for extended day programs will be in the fall.

A \$50 non-refundable fee for 3's and a \$60 non-refundable fee for 4's is required along with this application. In the event that the class is full, this fee will be refunded.

Please make all checks payable to: **Bethany Lutheran Preschool**

Parent's Signature: _____

For more information, visit:

www.bethanypreschool.org