

REGISTRATION FORM

CHARLESTON BAPTIST TEMPLE'S NEW BEGINNINGS PRESCHOOL 2021 - 2022 SCHOOL YEAR

Child's info:

Child's name: Name child prefers to be called:

Home phone: City: ______ State: ____ Zip: _____ Date of birth: _____ Age as of September 1, 2021: _____ Toilet trained? (circle one) yes no Gender: (circle one) M F What is the most important thing we need to know about your child? Guardian info: Cell phone: Father's name: City: ______ State: ____ Zip: _____ Address: _____ Occupation: ______ Business phone: _____ May we call you at work? (circle one) yes no E-mail address: Mother's name: _____ Cell phone: _____ Address: _____ City: _____ State: ____ Zip: ____ Occupation: _____ Business phone: _____ May we call you at work? (circle one) yes no E-mail address: Marital status: ____married ____divorced ____separated ___widowed ____single <u>Siblina info</u>: Name(s) & age(s) of brother(s): Name(s) & age(s) of sister(s):

General info:				
Religious affiliation	: Hon	ne church:		
How did you find c	out about New Beginnings	s Preschool at The	e Charleston	Baptist Temple?
Will you need to use the Tree House?		early arrival?		after class?
<u>Please indicate your</u>	<i>r class choice</i> : (1st choice w	ith a 1 2nd choic	ce with a 2	& 3rd choice with a 3)
- - -	(For 1 yr. old class, please of the control of the class) per week (A	M/T/W/Th/F) \$ M/T/W/Th/F) \$ M/T/W/Th/F) \$ (M/T/W/Th/F) \$	\$ 120.00 per \$ 199.00 per \$ 245.00 pe \$ 293.00 pe	r month month or month r month
	2 days per week (T/TH) \$ (MWF) \$	199.00 per	month r month
3 year old classes:	2 days per week (3 days per week (/ 5 days per week	MWF) \$	199.00 per 245.00 per 340.00 per	month
4 year old classes: .	2 days per week (3 days per week (4 days per week (T/TH) \$ MWF) \$ M/T/W/Th) \$	199.00 per 245.00 per 293.00 per	month month month
-	5 days per week 3 days per week (<i>1</i> 5 days per week	MWF) \$	340.00 pei 345.00 pei 340.00 pei	month
=	D Please make checks payable to:			
_	th New Beginnings Preschoo			
 I agree to pay a NON I agree to enroll my c I agree to inform the responsible for 30 day I agree to pay my chil I agree to pay \$15 for a 	I-refundable registration fee of , hild in New Beginnings Prescho Director 30 days in advance if I is tuition if I fail to do so. Id's tuition by the 5th day of eac any checks returned to the scho y Beginnings Preschool of any c	\$90 per child. ool for one year (late , withdraw my child. I ch month, and <mark>pay M.</mark> ool marked "insufficie!	August throug understand the lay's tuition with nt funds" from	h May). at I am th April's tuition. my account.
Signature:		Date:		· · · · · · · · · · · · · · · · · · ·