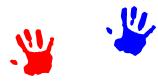
Bethany Lutheran Preschool...



50 Court Street Cromwell, CT 06416 {860} 632-0597 blpscromwell@gmail.com



REGISTRATION FORM

Child's Full Name:				Male	Female				
Address:									
	Street	apt.	Town, State	Zip Code					
Birth Date:		Nickname (if any):							
Mother's Full Name:		H	lome Phone: _						
Mother's Email:			Cell Phone:						
Address (if different):									
Father's Full Name:		H	lome Phone:						
Father's Email:			Cell Phone:						
Address (if different):									
Please tell us where or l	<i>how you heard ab</i> Other:	out us: Friend	Newspaper	Websit	te				
*	* *	* * *	* *	*					
		hoices in order of prefere	nce with a "1",	"2", "3"					
Tuesday / Thurs	nesday / Friday: 9 day: 9:15 a.m. – 2	:15 a.m. – 11:45 a.m. L1:45 a.m. <i>[2 day class</i> 45 a.m. <i>[5 day class]</i>	5] \$210/montl	-					
Four Year Old Class **Monday – Friday: 9:00 a.m. – 12:00 p.m. [5 day class] \$514/monthMonday / Tuesday / Thursday: 12:30 p.m. – 3:00 p.m. [3 day class] \$304/monthBoth the 5 day morning class and the 3 day afternoon class \$818/month									
		into the lottery at your l ethany Lutheran Presch & & &	ool?	vool	Yes No				

A non-refundable registration fee of \$100 must be submitted with this form (payable by cash or check).

(for <u>office use</u>):	#							Check	#:					Cash
	СM	3 yr. Old			Sibling			Ret. 4			General			
Waiting List :	#	for:	3/3	3	3/2		3/5	4/5		4/3				