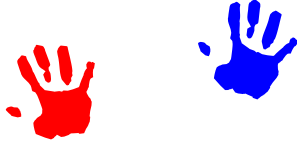


# Bethany Lutheran Preschool...

*where it all begins*



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

## REGISTRATION FORM 2024 - 2025

Child's Full Name: _____				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: _____					
<i>Street</i>		<i>apt.</i>		<i>Town, State</i>	
<i>Zip Code</i>					
Birth Date: _____			Nickname (if any): _____		
Mother's Full Name: _____				Home Phone: _____	
Mother's Email: _____				Cell Phone: _____	
Address (if different): _____					
Father's Full Name: _____				Home Phone: _____	
Father's Email: _____				Cell Phone: _____	
Address (if different): _____					
Please tell us where or how you heard about us: <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Website					
<input type="checkbox"/> Facebook		<input type="checkbox"/> Other:			

*Please indicate class choices in order of preference with a "1", "2" or "3"*

<b>Three Year Old Class</b>	
<input type="checkbox"/>	Monday / Wednesday / Friday: 9:00 a.m. – 11:30 a.m. [3 day class] <b>\$332/month</b>
<input type="checkbox"/>	Tuesday / Thursday: 9:00 a.m. – 11:30 a.m. [2 day class] <b>\$230/month</b>
<input type="checkbox"/>	Monday – Friday: 9:00 a.m. – 11:30 a.m. [5 day class] <b>\$562/month</b>
<b>** Four Year Old Class **</b>	
<input type="checkbox"/>	Monday – Friday: 9:00 a.m. – 12:00 p.m. [5 day class] <b>\$567/month</b>
<input type="checkbox"/>	Monday / Tuesday / Thursday: 12:30 p.m. – 3:00 p.m. [3 day class] <b>\$332/month</b>
<input type="checkbox"/>	Both the 5 day morning class and the 3 day afternoon class <b>\$854/month</b>

**\*\* Will you be putting your child's name into the lottery at your Elementary School or at a school other than Bethany Lutheran Preschool? \*\***  Yes  No

**Please Note: If paying by Check or Cash, there will be a 3% Discount**

<i>(for office use):</i>		# _____	Check #: _____	Cash <input type="checkbox"/>
<input type="checkbox"/>	C M	<input type="checkbox"/>	3 yr. Old	<input type="checkbox"/>
<input type="checkbox"/>	Sibling	<input type="checkbox"/>	Ret. 4	<input type="checkbox"/>
<input type="checkbox"/>	General			
Waiting List : # _____	for: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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