

REGISTRATION FORM

Bedford Christian Academy & Montessori Preschool

(Registration Fee: \$35)

Name of Student: _____ (Nickname): _____ Birthday: ____/____/____

Home Address: _____ Current Age: _____

City: _____ State: _____ Zip Code: _____

MOTHER'S INFORMATION

FATHER'S INFORMATION

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Place of Employment: _____

Business Address: _____

Occupation: _____

PROGRAM

SUMMER: _____

FALL: _____

INFANT - TWOS

(6 weeks - 36 months)

____ Beginners (0 - 12 months)

____ Wobblers (12 - 24 months)

____ Explorers I (24 - 36 months)

PRESCHOOL

(3 - 6 years old)

____ Explorers II (3 years)

____ Discovery I (4 years)

____ Discovery II (4+ attending K next Fall)

SCHOOL AGE

(5 - 13 years old)

____ Journey I (5 - 9 years)

____ Journey II (10 - 13 years)

Proposed Starting Date: ____/____/____

Signature: _____ Printed Name _____ Date: ____/____/____

FOR SCHOOL USE ONLY

Date of Enrollment: _____ Program: _____ Amount Paid: \$ _____ Check #: _____

Registration Fee: \$ _____ Tuition Fee: \$ _____ Security Deposit: \$ _____ Supply Fee \$ _____