

Bethlehem Angels

Preschool



Ashley Everett, Director
(336) 998- 6820

preschool@bethlehem-umc.org

FOR OFFICE USE

Registration Form Received: _____

Registration Amount Received: _____

Age: _____

Class: _____

Immunization Record Received: _____

Registration Form

Please return to Bethlehem Angels Preschool or mail to: 321 Redland Road, Advance, NC 27006.

The Registration Fee is non-refundable. (\$60 if turned in by May 31. \$70 if turned in after May 31.)

Applying for school year: _____ Class/Days Preference _____

Child's Legal Name: _____ Nickname: _____

Gender: _____ Date of Birth ____/____/____ **Age as of August 31:** Years ____ Months ____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ E-Mail Address: _____

How did you hear about us? _____

Family Information

Parents' Marital Status (*Please circle*): Single Married Separated Divorced

Child's Primary Custodian: Mother Father Other (*Please explain*) _____

Father's Name: _____ Cell Phone: _____

Father's Place of Employment: _____ Work Phone: _____

Address/Home Phone (if different from child) : _____

Mother's Name: _____ Cell Phone: _____

Mother's Place of Employment: _____ Work Phone: _____

Address/Home Phone (if different from child): _____

Siblings? If so, please list names, ages, and schools they attend: