

Bethlehem Angels

Preschool



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FOR OFFICE USE

Registration Form Received: _____

Registration Amount Received: _____

Age: _____

Class: _____

Immunization Record Received: _____

Registration Form

- Please return form **and** registration fee 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: Both Parents 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: