

# Bethlehem Angels Preschool



(336) 998- 6820

[preschool@bethlehem-umc.org](mailto:preschool@bethlehem-umc.org)

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 **Non-Refundable Registration fee** is **\$75** for the first child and **\$65** for each additional sibling.

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: