



Bethany Christian Preschool

Registration Form Summer 2021

1208 BROOKSIDE ROAD

ALLENTOWN, PA 18106

610-395-3613 ext. 29

June 14—August 12, 2020 9:00am—12:00pm

*Please complete this form and return it with your non-refundable registration fee of \$40.00

*Make checks payable to Bethany Preschool

*Tuition: \$375.00 for the summer. (Tues. & Thurs. for 9 weeks)

Tus. / Thurs. 2years 3years 4years. 5years K 1 2

Child's Name _____ Nickname _____ DOB _____

Street _____ City _____ Zip _____

Home Phone _____ Cell 1) _____ Cell 2) _____

Email _____ School District _____

Boy / Girl (circle)

Are you a returning family to Preschool Yes / No (circle)

Mother

Father

Name: _____

Place of employment: _____

Occupation: _____

Work Phone: _____

1) **ANY ALLERGIES:** _____

2) Is your child fully potty-trained? Yes / No

3) Has your child received any prior learning support? (Speech, physical/occupational, behavioral therapy, etc.)

Yes* / No *If yes, please provide documentation.

IN CASE OF EMERGENCY, contact:

Name _____ Phone _____ relationship _____

Parent's Signature _____ date _____

PLEASE TURN OVER FOR ADDITIONAL INFORMATION

PHOTO RELEASE From time to time we have various publications that may take photos of our school students. Photos may be used on school bulletin boards, web page, school sponsored events and scrapbooks made by teachers. Please let us know if you grant permission for your child's photo to be taken and published.

_____ I agree that my child's picture may be used.

_____ I DO NOT want my child's picture to be used.

Parent's Signature: _____

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OUTDOOR ACTIVITY RELEASE. Here at Bethany we have various activities that take place outside. All activities happen on Bethany's grounds. Please sign below to allow your child to participate.

_____ I give my child permission to participate in outdoor activities.

_____ I DO NOT grant permission for my child to participate in outdoor activities.

Parent's Signature: _____

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PERMISSION TO TAKE HOME CHILD. In addition to the parents and emergency contacts on the reverse, I give my permission to the following, allowing them to take my child from Bethany's care.

Name	relationship to child	contact information
_____	_____	_____
_____	_____	_____
_____	_____	_____