

## 2017-2018 REGISTRATION FORM

Child's	s (FULL) Name:	
		Child's birth date:
Child's	s current age:	How old will your child be on Sep. 1, 2017?
Parent	ts/Guardians of Child:	
Addre	ss:	
Phone (Home):		(Work):
(Mom	cell):	(Dad cell):
Email:		
	child will grow throughout the year.  ☐ XS = 2-4  ☐ S = 6-8  ☐ M = 10-12  ☐ L = 14-16	ield trips. Please check the size needed. Keep in mind
	Pre-K Only: Monday - Thursday Morning S * Tuition is a monthly rate of \$195	Session 8:00 – 11:00 am
	Pre-K Only: Monday - Thursday Afternoon * Tuition is a monthly rate of \$195	Session 12:30 – 3:30 p.m.
	Pre-K with Daycare: Monday – Friday  * Tuition with daycare is a monthly rate of \$525  * This will include 4 days of Pre-K classes and full tin  * Daycare is only open to those attending Pre-K and	7:30 a.m. – 5:30 p.m.  ne daycare available Mon - Fri I will closely follow the public school schedule regarding holidays
	Enclosed is the \$100 non-refundable registration fee to hold my child's spot for the fall.	
	e return this form and the registration fee impequested.	mediately to ensure your child will have the session you
Signature:		Date:

## MAKE CHECKS PAYABLE TO:

Bethlehem Lutheran Pre-Kindergarten 1620 Milwaukee Ave. NE, Aberdeen, SD 57401 605-225-9740 \* prek@bethlehemaberdeen.org