



Registration Form

The Charleston Baptist Temple
New Beginnings Preschool

~ 2009—2010 school year ~

Child's info:

Child's name: _____

Name child prefers to be called: _____ Home phone: _____

Address: _____

City: _____ State _____ Zip _____

Date of birth: _____ Age as of September 1, 2009 _____

Toilet trained? (circle one) Yes No

What is the most important thing we need to know about your child? _____

Guardian info:

Father's name: _____ **Cell phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Occupation: _____ **Business phone:** _____

May we call you at work? (circle one) Yes No **E-Mail address:** _____

Mother's name: _____ **Cell phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Occupation: _____ **Business phone:** _____

May we call you at work? (circle one) Yes No **E-mail address:** _____

Marital status: _____ married _____ divorced _____ separated _____ widowed _____ single

Sibling info:

Name(s) & age(s) of brother(s): _____

Name(s) & age(s) of sister(s): _____

General Info:

Religious affiliation: _____ Home church: _____

How did you find out about New Beginnings Preschool at The Charleston Baptist Temple?

Will you need to use the Tree House? _____ early arrival? _____ after class? _____

Please indicate your class choice:

Indicate your 1st choice with a 1... 2nd choice with a 2... & 3rd choice with a 3.

2 year old classes: _____ 2 days per week (T/TH) \$120 per month
_____ 3 days per week (MWF) \$140 per month
_____ 5 days per week \$200 per month

3 year old classes: _____ 2 days per week (T/TH) \$120 per month
_____ 3 days per week (MWF) \$140 per month
_____ 5 days per week \$200 per month

4 year old classes: _____ 2 days per week (T/TH) \$120 per month
_____ 3 days per week (MWF) \$140 per month
_____ 5 days per week \$200 per month

5 year old / pre K class _____ 3 days per week (MWF) \$140 per month
_____ 5 days per week \$200 per month

Our family discount (multiple children enrolled in the program) is \$10 off per child each month.

Registration fee: \$60 Please make checks payable to: New Beginnings Preschool

Registration paid: Date _____ Check # _____ Cash _____

Parental agreement with New Beginnings Preschool at The Charleston Baptist Temple

- 1) I agree to pay a NON-refundable registration fee of \$60
- 2) I agree to enroll my child in New Beginnings Preschool for one year, from September through May
- 3) I agree to inform the Director 30 days in advance if I withdraw my child. I understand that I am responsible for 30 days tuition if I fail to do so.
- 4) I agree to pay my child's tuition by the 5th day of each month.
- 5) I agree to pay \$15 for any checks returned to the school marked "insufficient funds" from my account.
- 6) I agree to accompany my child to Orientation.
- 7) I agree to inform New Beginnings Preschool of any changes to our address or phone numbers.

Signature: _____ Date: _____