2024-2025 Bethel Lutheran Preschool Enrollment Application

749 N. Pine Road, Bay City, MI 48708 (989)892-4508

| Please check the class you are re | questing: | , , | | | |
|--|--------------------------------|--------------------|---|---------------|--|
| Three -year-old clas | | | | | |
| Tues./Thurs. (8:00 am-11:00 am) Extended Three-year-old class (age 3 by Sept. 1) Tues./Thurs. (8:00 am-12:00 pm) Four-year-old class (age 4 by Sept.1) Mon./Wed./Fri. (8:00 am-12:00 pm) | | | Tuition: \$80/month - \$720/year Tuition: \$100/month - \$900/year | | |
| | | | | | |
| | | Tuition: \$ | | | |
| | | T '0' 4 | | | |
| | | | \$130/month - \$1,17 | 0/year | |
| | -old class (age 4 by Sept.1) | | DOOO/ | 04 | |
| Mon./Wed./Fri. (8:00 | uam-3:00 pm) | Tuition: \$ | \$200/month - \$1,80 | u/year | |
| Child's name: | | | Date of Birth: | | |
| (Last) | (First) | (Middle) | | | |
| | | | | | |
| Nlckname: | Male | _ Female | _ | | |
| | | | | | |
| Address: | | Phone: | | | |
| City | State: | Zin | Code: | | |
| Oity | State: | Ζιρ | Code | | |
| Mother's name: | | Phone: | Phone: | | |
| | | | | | |
| Mother's address if different than ch | ild's: | | | | |
| | | | | | |
| Email: | | | | | |
| Mother's employer: | Wo | rk nhone: | | | |
| Wother 3 employer. | ٧٧٥١ | ik priorie | | | |
| Father's name: | | Phone: | | | |
| | | | | | |
| Father's address if different than chi | ld's: | | | ···· | |
| | | | | | |
| Email: | | | | | |
| ather's employer: Work pho | | | | | |
| Tather 5 employer. | | vvork prioric | | | |
| Names of siblings and ages | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of church you regularly attend | 1 | ls vour ch | nild hantized? Yes | No | |
| rtaine of charon you regularly attend | <u> </u> | io your on | a bapti20a . 100_ | | |
| Are you interested in future enrollme | ent in our school (Grades K-8 | 3)? Yes No | Maybe | | |
| • | | · —— | • | | |
| List Allergies (if any): | | | | | |
| List any unusual health conditions: _ | | | | | |
| Diagon subsett 41.1 | | la maminturation | ad Camtanah t- 't | iam fa- | |
| | orm with \$75 non-refundab | _ | | | |
| The total would be : 3 yr old clas | | • | | | |
| (September tultion | fee is refundable only after J | iune istii youl Ch | iia s position is telli | ieu. <i>)</i> | |

Signature of parent or legal guardian: __ Date:____/___/