

BETHEL LUTHERAN CHURCH PRESCHOOL REGISTRATION FORM

5110 Grand Avenue, Gurnee, IL 60031
847-244-9672
www.bethelpreschoolgurnee.org
preschool@bethelgurnee.org

SCHOOL YEAR: 2019-2020		Today's Date:	
Child's Name (First/Middle/Last):		Nickname:	(Circle) M / F
Date of birth:	Home Phone:	Cell Phone(s):	
Current address:			
City:	State:	ZIP Code:	
Email address:			
Mother's Full Name:			
Father's Full Name:			
Bethel Church Member? (father, mother or child)		Yes _____	No _____
Home Church Name:		Location (city, state):	

CLASS PREFERENCE

I am interested in the following class for September, 2019, and **I understand that my child MUST be toilet trained in order to attend preschool**

_____ **M/W/F** 9:00 – 12 noon 4 yr. old class (child must be 4 by Sep. 1, 2019)

_____ **W/F** 9:00 - 11:30 am 3 yr. old class* (child must be 3 by Sep. 1, 2019)

THIS APPLICATION IS FOR THE 2019-2020 SCHOOL YEAR ONLY.

A \$50.00 non-refundable registration fee is due with this form.
This fee is waived for Bethel Congregation members and active military.

To be completed by Bethel Preschool Staff:

ENROLLMENT DATE _____ ENROLLED BY _____

\$ _____ DATE PAID _____ CHECK# _____

_____ M-W-F 9:00 – 12 noon 4 YEAR OLD CLASS

_____ W-F 9:00 – 11:30 A.M. 3 YEAR OLD CLASS

DISCHARGE DATE _____