

BETHEL LUTHERAN CHURCH PRESCHOOL REGISTRATION FORM

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

SCHOOL YEAR: 2020-2021		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 2020, 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 3 by Sep. 1, 2020)

THIS APPLICATION IS FOR THE 2020-2021 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 3/4 YEAR OLD CLASS

DISCHARGE DATE _____