

Bon Air Baptist Preschool
2531 Buford Road
North Chesterfield, Virginia 23235
(804)272-5977

Today's Date _____
Enrollment Date _____

The non-refundable registration fee of \$125.00 is due with this application.

Older Ones/Young Twos - Happy Crabs

____ Wednesdays
____ Thursdays
____ Fridays

Three Year Olds (potty trained)

____ Mondays, Wednesdays, & Fridays (3-day)
____ Monday - Friday (5-day)

Older Twos & Young Threes

(potty trained not required)

____ Mondays, Wednesdays, & Fridays (3-day)
____ Tuesdays & Thursdays (2-day)
____ Tues, Wed, Thurs, & Fri (4-day)
____ Wednesdays & Fridays (2-day)
____ Monday - Friday (5-day)

Four & Five Year Olds

(Kindergarten readiness)

____ Mondays, Wednesdays, & Fridays (3-day)
____ Monday - Friday (5-day)

Birthday Cutoff: September 30th for all classes except Happy Crabs

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip code: _____ Gender: _____

Home Telephone: _____ Church Affiliation: _____

Parent/Guardian Name: _____ Employer: _____

Business Phone: _____ Parent/ Guardian Cell Number: _____

Parent/Guardian Name: _____ Employer: _____

Business Phone: _____ Parent/ Guardian Cell Number: _____

Do we have permission to text these numbers? ____ Yes ____ No

Siblings: _____

Email address: _____

Person to contact if parent cannot be reached -

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Allergies: _____

Child's Physician: _____ Telephone: _____

Persons authorized to pick up child (other than parents)

Please read and sign back of form

Please read carefully and sign

Agreement:

- Bon Air Baptist Preschool agrees to notify parent whenever the child becomes ill, and the parent agrees to pick up the child at that time.
- Permission is granted for my child to have his picture or video made as part of a class or school activity.
- I agree to make tuition payments on the first of each month. All payments received after the 10th of the month will be assessed a \$15.00 late fee.
- I am required to give one month written notice should I need to withdraw my child from the program. I will be responsible for the next month's tuition from the time of notice whether or not my child is physically at school.

I authorize Bon Air Baptist to obtain immediate medical care if an emergency occurs when the parent cannot be located.

Parent's Signature: _____ Date: _____

Name child goes by, if different from given name _____

Bon Air Baptist Preschool maintains a nondiscriminatory admissions policy as to students and therefore does not discriminate against applicants on the basis of race, ethnicity, religion or national origin.

For School Use:

Birth Certificate verified: _____ Date: _____

Immunization Form received: _____

Confirmation sent: _____

Registration received: _____