

BELLWOOD PRESCHOOL APPLICATION FOR REGISTRATION 2017-18

Child's Full Name: _____

Nickname: _____

Current Age: _____ Gender: _____ Birth Date: _____

Please list any allergies that your child has: _____

Please list any health concerns or medical conditions that your child has: _____

Parent's Name _____ Occupation _____

Parent's Name _____ Occupation _____

Family Address: _____ Zip _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail address: _____

Brothers and Sisters:

First Name	Age	Sex	Birthdate	Bellwood alumni?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Where did you hear about us? _____

PLEASE INDICATE SESSION PREFERRED – CHOOSE AM OR PM CLASS TIME

3 Sessions* (M, W, F - AM 9-11:30am, PM 12:30-3pm) _____AM _____PM

4 Sessions** (M, W, F - AM 9-11:30am, PM 12:30-3pm and TH 9-11:30am) _____AM _____PM

5 Sessions** (M, W, F - AM 9-11:30am, PM 12:30-3pm and TH 9am-2pm) _____AM _____PM

I wish to be placed on the AM waitlist. To be on the waitlist, you must register for a PM session.

***Students must be 3 and potty trained by September 1st to qualify for three sessions**

****Students must be 4 and potty trained by September 1st to qualify for four or five sessions**

REGISTRATION FEE

3 Sessions \$215.00 (Monday/Wednesday/Friday AM or PM)

4 Sessions \$260.00 (Monday/Wednesday/Friday AM or PM and Thursday AM)

5 Sessions \$300.00 (Monday/Wednesday/Friday AM or PM and Thursday all day)

Send Application and Registration Fee to:

Bellwood Preschool, Attn: Registrar, 2359 West Ingomar Road, Pittsburgh, PA 15237.

Make application checks payable to Bellwood Preschool.

The registration fee secures your child's spot at Bellwood Preschool and is nonrefundable. Tuition and fees are described in the Parent Handbook, found on our website at bellwoodpreschool.com. Please note that the fundraising fee of \$65 will be due bi-annually. Please give 30 days notice if you plan to withdraw from Bellwood Preschool; a withdrawal fee equal to one month's tuition will be assessed to cover the financial loss to the school.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Date spot offered _____

Registration fee paid _____ Check number _____