



2010-2011 REGISTRATION FORM

Child's (FULL) Name: _____

Child's Birthdate: _____ Age: _____

Parents/Guardians of Child: _____

Address: _____

Phone (Home): _____ (Work): _____

Email: _____

FULL 3 AM (M/W/F) Session 8:00 – 11:00 a.m.

3 PM (M/W/F) Session 12:30 – 3:30 p.m.

2 AM (T/TH) Session 8:00 – 11:00 a.m.

2 PM (T/TH) Session 12:30 – 3:30 p.m.

- Enclosed is the \$50 registration fee to hold my child's spot for the fall. (This is non-refundable) Please return this form and the registration fee immediately if you are interested, to ensure your child will have the section you have requested.

Signature: _____ Date: _____

MAKE CHECKS PAYABLE TO:

Bethlehem Lutheran Preschool

Attn: Stephanie Kline

1620 Milwaukee Ave. NE

Aberdeen, SD 57401

605-225-9740 ext. 25 (work)

605-725-2318 (home)