



2012-2013 REGISTRATION FORM

Child's (FULL) Name: _____

Child prefers to be called: _____

Child's Birthdate: _____ Age: (By Sept. 1, 2012) _____

Parents/Guardians of Child: _____

Address: _____

Phone (Home): _____ (Work): _____

Email: _____

Preschool Sessions (Please indicate 1st and 2nd choice if appropriate)

FULL Monday/Wednesday/Friday Morning Session 8:00 – 11:00 am

___ Monday/Wednesday/Friday Afternoon Session 12:30 – 3:30 pm

___ Tuesday/Thursday Morning Session 8:00 – 11:00 am

___ Tuesday/Thursday Afternoon Session 12:30 – 3:30 pm

- 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
1620 Milwaukee Ave. NE
Aberdeen, SD 57401
605-225-9740