

Bellevue Country Day School

REGISTRATION FORM

Child's Name _____ Nickname _____
Birthdate _____ Age as of next September _____ Sex _____
Parent's Names _____ Home Phone _____
Complete Home Address _____ (CITY and ZIP) _____
Mother's Work Phone _____ Father's Work Phone _____ Email _____
Child's Physician _____ Phone _____
Emergency Name and Phone (other than parent or doctor) _____
Child's Previous Group Experience _____
Please list anything special that we should know about your child's behavior or health _____

Siblings' names and ages: _____

CLASS SCHEDULE (Check One)

3 year old class _____ Morning (9:15-11:45) --- Tues./Thurs. --- \$1750.00
(must be 3 by Oct.31) (10 payments \$175/Month)
_____ Afternoon (12:30-3:00) --- Tues./Thurs. --- \$1750.00
(10 payments \$170/Month)
4 year old class _____ Morning (9:15-11:45) --- Mon/Wed/Fri --- \$2450.00
(10 payments \$245/Month)
Pre- K. _____ Afternoon (12:30-3:00) --- Mon/Wed/Fri --- \$2450.00
(10 payments \$245/Month)

May we include your child's name, parent's name, email and home address and phone number on our class roster? ___ Yes ___ No

To enroll your child please return this form and registration fee of \$75.00. The registration fee is nonrefundable. The first monthly tuition payment is due upon confirmation of placement in a class and is not refundable. I understand that I must give 30 days' notice if my child withdraws prior to the end of the school term in mid-June. BCDS reserves the right to balance the class ratios.

Parent Signature _____

Referred by _____ Office Only: Date received: _____ Check # _____

BCDS