2661 Bel - Red Road #105
Bellevue, Washington 98008
(425) 881-8899

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_____

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 (must be 3 by Oct.31)	___ Morning	(9:15-11:45) ---	Tues./Thurs. --- $1700.00 (10 payments $170/Month)
	___ Afternoon	(12:30-3:00) ---	Tues./Thurs. --- $1700.00 (10 payments $170/Month)
4 year old class	___ Morning	(9:15-11:45) ---	Mon/Wed/Fri --- $2400.00 (10 payments $240/Month)
Pre- K.	___ Afternoon	(12:30-3:00) ---	Mon/Wed/Fri --- $2400.00 (10 payments $240/Month)

May we include your child's name, parent's name, 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.

BCDS

Parent Signature_____

Referred by_____ *Office Only: Date received:_____ Check #_____*