



2661 Bel - Red Road #105  
Bellevue, Washington  
98008

# Bellevue Country Day School

## ENRICHMENT REGISTRATION FORM

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Age as of next September \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Names \_\_\_\_\_ Home Phone \_\_\_\_\_

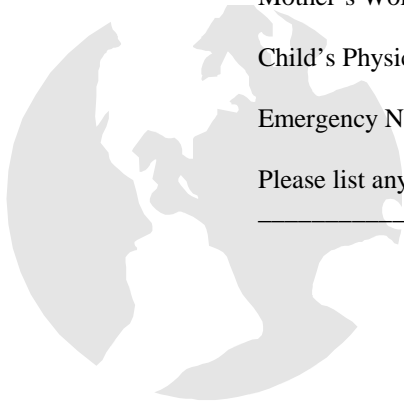
Complete Home Address \_\_\_\_\_  
\_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Name and Phone (Other than parent or doctor) \_\_\_\_\_

Please list anything special we should know about your child's behavior or health \_\_\_\_\_  
\_\_\_\_\_



## CLASS SCHEDULE

(check one)

Tuesday A.M. Enrichment \_\_\_\_\_

Tuesday P.M. Enrichment \_\_\_\_\_

Enrichment Fee: \$70.00 per month

Registration Fee: \$45.00 for BCDS Pre-school students

\$75.00 for non BCDS students

Parent Signature \_\_\_\_\_

Referred by \_\_\_\_\_

*Office Only:*  
Date Received \_\_\_\_\_ Check # \_\_\_\_\_

