



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 Morning (9:15-11:45) --- Tues./Thurs. --- \$145.00

(must be 3
by Oct.31) Afternoon (12:30-3:00) --- Tues./Thurs. --- \$145.00

4 year old class Morning (9:15-11:45) --- Mon/Wed/Fri --- \$210.00

Pre- K. Afternoon(12:30-3:00) --- Mon/Wed/Fri --- \$210.00

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 last month's tuition is due on or before March 1st. It is fully refundable prior to April 1st of the current year. 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

