New 4's

BEST BEGINNINGS PRESCHOOL

11526 -162nd Avenue NE, Redmond, WA 98052 -- (425) 881-3468

4's Pre-K/TK Registration Form - 2017/2018

Last Name Child's Name					
Name Child Uses		☐ Male ☐ Fe	emale Birt	hdate	
Mother's Name		Father's Nai	me		
Address					
City		State	ZIP		
Home/Primary Phone:		Cell/Secondo	ary Phone:		
Email address:					
Child's previous preschool or	group experience	:			
Where did you hear about B	est Beginnings Pre	school?			
What is the primary languag	e spoken/understo	ood by your child? _			
Allergies, dietary preferenc	es, medical or dev	elopmental concerns	: No	Yes	
If yes, briefly describe:					
Please indicate 1 st and 2 nd pr	eference when sel	ecting a class for yo	our child		
	DAM, \$280/month 2:45PM, \$320/mont :00PM, \$350/mont :00PM, \$350/mont GARTEN, must tur DAY, 9:00AM - 1:00 er 9 months (Septe	th th th 7n 5 by 12/31/17 OPM, \$390/month			rn this with your fundable able to nnings bool.
For office use only:	Transaction Date	Amount	Check #	Ledger Entry	
Registration Fee Confirmation Letter Sent					
Tuition Fee					
M/F	A/R	C/L	Student Code	2	