

Bethlehem Early Learning Center

155 Linwood Avenue, Ridgewood, NJ 07450 - Tel. (201) 444-6678 - Fax (201) 444-7087

www.bethlehemearlylearningcenter.com

2017-2018 Enrollment Application

Child's Name: _____ Nickname (ex: Joe, Sue): _____

[] Male [] Female Birthdate: _____ Age as of Sept 2017: _____ yrs. _____ mos.

Address: _____ Phone#: _____

City: _____ Zip: _____ E-mail: _____

| | |
|-----------------------|-----------------------|
| Mother's Name: | Father's Name: |
| Address: | Address: |
| Home# | Home# |
| Employer: | Employer: |
| Position: | Position: |
| Work# | Work# |
| Cell# | Cell# |

Please select a program and time. Circle days of attendance:

| Program: | AM Classes: | PM Classes: |
|---|--|---|
| <input type="checkbox"/> Beginnings Program | __ 9:15-10:45 Mondays __ 9:15-10:45 Tuesdays __ 9:15-10:45 Wednesdays | Not Available for Beginnings |
| <input type="checkbox"/> 2 ½ Year Old Program | __ 9:00-11:30 Only M/W/F T/Th | Not Available for 2 ½ Class |
| <input type="checkbox"/> 3 Year Old Program | __ 9:00-11:30 __ 9:00-1:00 __ 9:00-3:15* M/W/F T/Th M-F M/T/W/F M/W/Th/F | __ 11:40-3:15 __ 12:45-3:15 M/W/F T/Th M-F M/T/W/F M/W/Th/F |
| <input type="checkbox"/> 4 Yr. Old Program | __ 9:00-11:30 __ 9:00-1:00 __ 9:00-3:15* M/W/F M-F M/T/W/F M/W/Th/F | __ 11:40-3:15 __ 12:45-3:15 M/W/F M-F M/T/W/F M/W/Th/F |
| <input type="checkbox"/> A Year to Grow | 9:00-1:00 M-F | |

Name of Previous School Attended: _____

Allergies: _____

I have received a copy of the refund policy and agree to the terms and conditions outlined in the policy. By signing below I acknowledge receipt and acceptance of tuition and refund policies, as well as sole financial responsibility for the above mentioned student, which includes timely payment of tuition by the first of every month.

Print Parent Name

Parent Signature

Date

For Office Use Only:

| Date | Sec. Dep | Reg. Fee | Check # | Sib. Disc. | BLC Disc. | Monthly Tuition |
|------|----------|----------|---------|------------|-----------|-----------------|
| | | | | | | |
| | | | | | | |

*NJ State Law requires a rest period for any child under the age of 5 in a center for 4 hours. We reserve the right to cancel any program if the minimum number of children is not met.

A \$75.00 non-refundable registration fee plus one month's security deposit must accompany this application in order to process enrollment application.

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Any Handicaps or Unusual Conditions: (visual, auditory, speech, muscular) If yes, please explain:

Are you a member of Bethlehem Lutheran Church? ___Yes ___No

If not, do you have a church?: ___Yes ___No Where? _____

Do you have other children? ___Yes ___No Names & Ages: _____

How did you hear about our school? _____

Emergency Contact Information

Please provide 2 local contacts that can be responsible for picking up your child **within 10-15 minutes** in the event you cannot be reached. (i.e., grandparents, neighbors, friends, aunts, uncles)

DO NOT LIST PARENTS AS EMERGENCY CONTACTS

1.) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

2.) Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name of Physician: _____ Phone#: _____

Name of Dentist: _____ Phone#: _____

Please print the information exactly the way you want it to appear in our school directory. If left blank your child's name will not be listed in the directory.

Child's Name: _____

Parents' First Names: _____

Address: _____

Phone #: _____

E-Mail: _____

Please sign below if you approve of having your child's photograph appear in BELC brochures, BELC website, BELC Facebook page or in the local town paper.

Signature

Date

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