

# Bethlehem Early Learning Center

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

[www.bethlehemearlylearningcenter.com](http://www.bethlehemearlylearningcenter.com)

## 2018-2019 Enrollment Application

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

[ ] Male [ ] Female Birthdate: \_\_\_\_\_ Age as of Sept 2018: \_\_\_\_\_ yrs. \_\_\_\_\_ mos.

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Mother's Name:</b>	<b>Father's Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Home#</b>	<b>Home#</b>
<b>Employer:</b>	<b>Employer:</b>
<b>Position:</b>	<b>Position:</b>
<b>Work#</b>	<b>Work#</b>
<b>Cell#</b>	<b>Cell#</b>

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

Program:	AM Classes:	PM Classes:
<input type="checkbox"/> Beginnings Program	__ 9:15-10:45 Tuesdays __ 9:15-10:45 Wednesdays __ 9:15-10:45 Fridays	<b>Not Available for Beginnings</b>
<input type="checkbox"/> 2 ½ Year Old Program	__ 9:00-11:30 <b>Only</b> M/W/F T/Th	<b>Not Available for 2 ½ Class</b>
<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	<b>Kurious Kids 1:00-2:00</b> For children in the 4 year-old class (See attached for Registration Form)
<input type="checkbox"/> Early Drop-Off (8:30)	M T W Th F	<b>Available for 3 &amp; 4 year old classes only</b>

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 4 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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