

BEST BEGINNINGS PRESCHOOL

New 4's

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

4's Pre-K/TK Registration Form - 2018/2019

Last Name _____ Child's Name _____

Name Child Uses _____ Male Female Birthdate _____

Mother's Name _____ Father's Name _____

Address _____

City _____ State _____ ZIP _____

Home/Primary Phone: _____ Cell/Secondary Phone: _____

Email address: _____

Child's previous preschool or group experience: _____

Where did you hear about Best Beginnings Preschool? _____

What is the primary language spoken/understood by your child? _____

Allergies, dietary preferences, medical or developmental concerns: No Yes

If yes, briefly describe: _____

Please indicate 1st and 2nd preference when selecting a class for your child

FOURS PRE-KINDERGARTEN, must turn 4 by 8/31/18

- M/W/F, 9:00 - 1:00PM, \$350/month
- T/TH/F, 9:00AM - 1:00PM, \$350/month
- T/W/TH/F, 9:00AM - 1:00PM, \$400/month

TRANSITIONAL KINDERGARTEN, must turn 5 by 12/31/18

- MONDAY - THURSDAY, 9:00AM - 1:00PM, \$400/month

Note: Tuition is payable over 9 months (September - May)

To reserve your child's space, please return this form along with your **\$75 non-refundable** deposit payable to Best Beginnings Preschool.

FORMS WILL BE PROCESSED THE WEEK OF FEBRUARY 5, 2018

For office use only:	Transaction Date	Amount	Check #	Ledger Entry
Registration Fee	_____	_____	_____	_____
Confirmation Letter Sent	_____			
Tuition Fee	_____	_____	_____	_____
Comments _____				
M/F <input type="checkbox"/>	A/R <input type="checkbox"/>	C/L <input type="checkbox"/>	Student Code	