

BEST BEGINNINGS PRESCHOOL

New 3's

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

3's Registration Form - 2019/2020

Last Name	Child's Name	
Name Child Will Use In School	Male Fen	nale Birthdate
Mother's Name	Father's Name	
Address		
City		
Home/Primary Phone:	Cell/Secondary Phone:	
Email address:		
Where did you hear about Best Beginnings	Preschool?	
Do you anticipate your child having separat	tion issues? No Yes	
My child is potty trained (wears underwear	r & can communicate need to use b	oathroom): No Yes
What is the primary language spoken/unde	erstood by your child?	
Does your child have allergies, dietary pret	ferences, medical or development	al concerns: No Yes
If yes, briefly describe:	·	
Please indicate 1 st and 2 nd preference when THREES PRESCHOOL (must turn 3 by 8, M & W, 9:00 - 11:30 AM, \$220/mol T & Th, 9:00 - 11:30 AM, \$220/mol M/W/F, 9:00 - 11:30 AM, \$300/mol T/Th/F, 9:00 - 11:30 AM, \$300/mol	/31/19 & be potty trained) onth onth onth	To reserve your child's space, please return this form along with your \$80 non-refundable deposit payable to Best Beginnings Preschool.
We will begin processing New Family Registration Forms on February 1st.		
For office use only:	Transaction Date Amount	Ledger Check # Entry
Registration Fee		
Confirmation Letter Sent _		
First Month Tuition Fee		
Comments:		
M/F A/R	C/L Student Code	