



# Best Beginnings Preschool

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New TK

## Transitional Kindergarten Registration Form – 2025/2026

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

First Name Child Will Use in School \_\_\_\_\_ ☐ Male ☐ Female

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

**Transitional Kindergarten students must turn 5 by 12/31/25 and have one year of PreK experience.**

**Class time is 9am-1pm.**

☐ M-TH 4 days a week 4 hours a day \$570/month

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

To reserve your child's space, please return this form along with your **\$100 nonrefundable** registration fee payable to Best Beginnings Preschool.  
**September tuition** for families with confirmed spots will be due on **March 31, 2025.**

**We will begin processing New Family Registration Forms on February 3.**  
**You will be notified of class assignment by March 3.**

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