

Child's Name

First Name Your Child Will Use in School _____

Alumni 3's

Birthdate _____

Male Female

Best Beginnings Preschool
11526 -162nd Avenue NE, Redmond, WA 98052 -- (425) 881-3468
3's Registration Form - 2020/2021

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:			
Do you anticipate your child having separat	ion issues? No Yes		
My child is potty trained (wears underwear & can communicate need to use bathroom): No Yes What is the primary language spoken/understood by your child? Does your child have allergies, dietary preferences, medical or developmental concerns: No Yes			
		If yes, briefly describe:	
Please indicate 1^{st} and 2^{nd} preference when selecting a class for your child.			
Threes Preschool (must turn 3 by 8/31/20 & be potty trained)			
M & W, 9:00 - 11:30 AM, \$220/mor	th To reserve your child's space, please return this form along		
T & Th, 9:00 – 11:30 AM, \$220/month M/W/F, 9:00 – 11:30 AM, \$300/month with your \$80 non-refundable deposit payable to Best Beginnings Preschool. September tuition for families			
		T/Th/F, 9:00 – 11:30 AM, \$300/month with confirmed spots will be	
Note: Tuition is payable over 9 months (September – May).			
Alumni Registration forms will be accepted any time after January 8 th And will be processed starting January 27 th .			
For office use only: Transa Dai			
Registration Fee			
Confirmation Letter Sent			
First Month Tuition Fee			
Comments:			
SD A/R	Student Code		