

Comments:

SD

Outlook

A/R

Student Code

Child's Name			Birthdate			
First Name Your Child Will Use	Male Female					
Parent/Guardian Name			Relationship to Child			
Parent/Guardian Name			Relationship to Child			
Address						
City	State		Zip Code			
Primary Phone Number:	S	Secondary Phone Number:				
Email address:						
How did you hear about our pr	ogram?					
My child is potty trained (wears	s underwear & can cor	nmunicate ne	eed to use bathro	oom): No Ye	es:	
Do you anticipate your child ha	ving separation issues	s? No	Yes			
What is the primary language s	spoken/understood by	your child? _				
Does your child have allergies,	dietary preferences, r	medical or de	velopmental con	cerns: No Yes	5	
If yes, briefly describe:					_	
Please mark your preferred Three's Preschool students						
Class time is 9-12pm.			To reserve your child's space, please return this form along with your			
Monday & Wednesdays 3 h	rs. each day \$280/mo	nth	\$100 nonrefundable registration fee payable to Best Beginnings Preschool. September tuition for			
Tuesday, Thursday & Friday	vs 3 hrs. each day \$40	00/month	families with confirmed spots will be due on March 31, 2024 .		e	
Note: Tuition is payable over 9	months (September -	- May).				
	rocessing New Fami vill be notified of cla					
For office use only:	Transaction Date	Amount	Check #	Ledger Entry		
Registration Fee	Date	Amount	CHECK #	Liiu y		
Confirmation Letter Sent						
First Month Tuition Fee						

New 3's