



# Best Beginnings Preschool

11526 -162<sup>nd</sup> Avenue NE, Redmond, WA 98052 -- (425) 881-3468

New TK

## Transitional Kindergarten Registration Form – 2020/2021

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, must turn 5 by 12/31/20

☐ Monday - Thursday, 9:00AM – 1:00PM, \$430/month

To reserve your child's space, please return this form along with your **\$80 non-refundable** deposit payable to Best Beginnings Preschool. September tuition for families with confirmed spots will be due on March 27<sup>th</sup>.

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

**We will begin processing New Family Registration Forms on February 3<sup>rd</sup>.**

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