

Registration Form

Office Use Only

Check # _____

Date: _____

Amount: _____

Class: _____



Little Town of Bethlehem Preschool
1484 W. Main Street Carmel, IN 46032
(317) 571 – 0204

Child's Full Name: _____
(First, Middle, Last)

School Nickname: _____ Date of Birth: _____
(Month, Day, Year)

Address: _____
(Street, City, State, Zip)

Mother's Name: _____ Phone # _____

Father's Name: _____ Phone # _____

E-Mail Address: _____

Emergency Contact's Name: _____ Phone # _____

A non-refundable registration fee (\$50.00 per child) must be submitted with this form.

Please make checks payable to Little Town of Bethlehem Learning Center.

A \$50.00 equipment fee is due along with the first payment for September.

Class Schedule: Please mark the session and days

Ages 2 – 3 (9:00 AM – 12:30 PM)

Ages 3 – 5 (9:00 AM – 1:00 PM)

_____ 2 days per week (Tues & Thurs)

Child must turn 3 by June 1 and be toilet trained

_____ 1 day per week (Tues or Thurs)

_____ days per week (Circle Days M T W Th F)

Tuition Fee: Tuition for Little Town of Bethlehem Preschool is as follows:

- 1 day per week \$85.00 per month

- 3 days per week \$185.00 per month

- 2 days per week \$145.00 per month

- 4 days per week \$225.00 per month

- 5 days per week \$265.00 per month