

Bluffton Community Preschool Registration Form 2018-2019 School Year

Child's Name:						Date of Birth							
		Female				S	Μ	L	XL	(circle	one)		
Address:		Street				City				Zip			
Parents Names:Email:					Cell # Mom								
Email				Ċ		# D	au _						
Returning S	Student	New Stu	dent Do yo	ou h	ave	a s	ibling	g att	endi	ng? Y	Ν		
Will your child be on Name of other stud													
		Clas	s Sessions										
	8:05	am to 10:45 am	OR 12:05	am	to 2	:45	pm						
Please circle	e your fi rs t	and second cho	pice:										
1 st Choice (circle one)											
	Mon / We	Mon / W	Wed PM										
	Tues / Th	Tues / T	s / Thurs PM										
2 nd Choice	(circle one	e)											
	Mon / We	Mon / W	Mon / Wed PM										
	Tues / Th	Tues / T	Thurs PM										
Third Day:	Yes	No	FRIDAY		AM	lo	or F	РΜ					
		\$75.00 if paid \$95.00 if pa	stration Fee d before June 1, id after June 1, 2 o fee is non-refun	201	8								

Tuition

2 days a week: \$80.00 per month or \$720.00 per year **3 days a week:** \$115.00 per month or \$1035.00 per year

Note: There is always a potential of a session being closed due to inadequate enrollment. All requests are on a first-come first-serve basis. We will do our best to accommodate your first request. If your child car-pools with another child, please let us know if they need to attend the same session. An email will be sent by the first Monday of July stating your child's class session. If any changes are required, please contact us as soon as possible.