

Bluffton Community Preschool Registration Form 2019-20 school year

Child's Name:					Date of Birth							
	□ Male	□ Female	T-shirt si	ze:	XS	S	М	L	XL	(circle	one)	
Address:		Street				City				Zip		
Parents Names: Email:				. (Cell #	# M # Da	om _ ad _					
Returning S					ave	a si	bling	g att	endi	ng? Y	N	
Will your child be c Name of other stud	arpooling vlent:	with other student	s? Yes or No	-								
		Class	s Sessions									
	8:05	am to 10:45 am	OR 12:05	am	to 2:	:45	pm					
Please circle	e your first	and second cho	ice:									
1 st Choice (circle one)										
	Mon / We	Mon / W	Mon / Wed PM									
	Tues / Th	Tues / 1	Tues / Thurs PM									
2 nd Choice	(circle one	e)										
	Mon / We	Mon / W	on / Wed PM									
	Tues / Th	nurs AM	Tues / 1	- hur	s PM	1						
Third Day:	Yes	No	FRIDAY	,	AM	C	or F	PM				
		\$75 if pai \$95 if pa *Registration f	egistration Fee: d before June : hid after June 1 ee is non-refun th registration :	, 20 dab	19 le ar	nd i	S					

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.