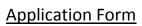
Bethesda Preparatory Preschool





CHILD'S NAME:
ADDRESS:
BIRTHDAY:
FATHER/GUARDIAN'S NAME:
-ATHER/GUARDIAN'S EMAIL:
ATHER/GUARDIAN'S PHONE NUMBER:
MOTHER/GUARDIAN'S NAME:
MOTHER/GUARDIAN'S EMAIL:
MOTHER/GUARDIAN'S PHONE NUMBER:
<u>AGREEMENT</u>
hereby apply for enrollment at Bethesda Preparatory Preschool, in Bethesda Maryland for
child's namebeginning
agree to comply with the terms expressed in the Parent/Guardian handbook and on the enrollment agreement.
has no current and/or previous illness and/or injuries that would interfere with participation in the program. The child is both physically and mentally able to participate in the Bethesda Preparatory Preschool's programs.
Father/Guardian's signature:
Mother/Guardian's signature:
Date: