

Bethesda Preparatory Preschool

Application Form



CHILD'S NAME: _____

ADDRESS: _____

BIRTHDAY: _____

FATHER/GUARDIAN'S NAME: _____

FATHER/GUARDIAN'S EMAIL: _____

FATHER/GUARDIAN'S PHONE NUMBER: _____

MOTHER/GUARDIAN'S NAME: _____

MOTHER/GUARDIAN'S EMAIL: _____

MOTHER/GUARDIAN'S PHONE NUMBER: _____

AGREEMENT

I hereby apply for enrollment at Bethesda Preparatory Preschool, in Bethesda Maryland for child's name _____ beginning _____.

I agree to comply with the terms expressed in the Parent/Guardian handbook and on the enrollment agreement.

Except as indicated below, (Child's name) _____ 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: _____