

BETHEL CHRISTIAN PRESCHOOL
4261 Montgomery Road
Ellicott City, MD 21043
(410) 465 – 1192

Enrollment Application

Today's Date _____

Child's Full Name _____

My child likes to be called: _____

Date of birth _____ Circle: Male Female

Address _____ City _____

State _____ Zip code _____

Telephone # _____ Cell phone # _____

Email _____

Name of Father _____ Name of Mother _____

Siblings who attended Bethel Christian Preschool/ages _____

Other siblings/ ages _____

Language(s) spoken at home _____

Program desired Please circle:

3 AM (9:00 - 11:30 T/TH) 3 by Sept. 1

4 AM (9:00 – 11:30 M/W/F) 4 by Sept. 1

4 AM (9:00 – 1:00 M/W/F) 4 by Sept. 1

IMPORTANT: Does your child have any allergies? _____

Please note any physical or behavioral concerns. _____

Is your child on any medication? Please list. _____

Is your child able to meet his/her toilet needs independently? _____

*Please be advised all children must be toilet trained before entering the preschool program.

Does your child still nap? _____

Does your child have any special fears and how do you handle them at home?

Does your child tend to be shy or more outgoing? _____

Does your child have opportunities to play regularly with other children? _____

Name of Church family attends _____

Does your child attend Sunday school? _____

How did you find out about our program?

Phonebook Internet Driving by Friend/Family member _____ Other _____

Please circle your preference: If my child is enrolled in the preschool program, my address, telephone numbers, and email (**may/ may not**) be included in the preschool directory.