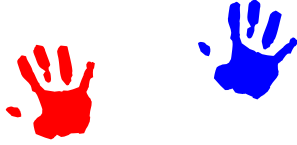


Bethany Lutheran Preschool...

where it all begins



50 Court Street
Cromwell, CT 06416
{860} 632-0597
blpscromwell@gmail.com

REGISTRATION FORM 2025 - 2026

| | | | | | |
|---|--|---------------------------------|--------------------------|-------------------------------|---------------------------------|
| Child's Full Name: _____ | | | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Address: _____ | | | | | |
| <i>Street</i> | | <i>apt.</i> | | <i>Town, State</i> | |
| <i>Zip Code</i> | | | | | |
| Birth Date: _____ | | | Nickname (if any): _____ | | |
| Mother's Full Name: _____ | | | Home Phone: _____ | | |
| Mother's Email: _____ | | | Cell Phone: _____ | | |
| Address (if different): _____ | | | | | |
| Father's Full Name: _____ | | | Home Phone: _____ | | |
| Father's Email: _____ | | | Cell Phone: _____ | | |
| Address (if different): _____ | | | | | |
| Please tell us where or how you heard about us: <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Website | | | | | |
| <input type="checkbox"/> Facebook | | <input type="checkbox"/> Other: | | | |

Please indicate class choices in order of preference with a "1", "2" or "3"

| | |
|--|--------------------|
| Three Year Old Class | Check |
| <input type="checkbox"/> Monday / Wednesday / Friday: 9:00 a.m. – 12:00 p.m. [3 day class] | \$343/month |
| <input type="checkbox"/> Tuesday / Thursday: 9:00 a.m. – 12:00 p.m. [2 day class] | \$238/month |
| <input type="checkbox"/> Monday – Friday: 9:00 a.m. – 12:00 p.m. [5 day class] | \$581/month |
| ** Four Year Old Class ** | |
| <input type="checkbox"/> Monday – Friday: 9:00 a.m. – 12:00 p.m. [5 day class] | \$581/month |
| <input type="checkbox"/> Monday / Tuesday / Thursday: 12:30 p.m. – 3:00 p.m. [3 day class] | \$340/month |
| <input type="checkbox"/> Both the 5 day morning class and the 3 day afternoon class | \$875/month |
| Please Note: If paying tuition by Check, there will be a 3% Discount | |

**** Will you be putting your child's name into the lottery at your Elementary School or at a school other than Bethany Lutheran Preschool? **** Yes No

| | | | | | |
|------------------------------|------------------------------------|----------------------------------|---------------------------------|----------------------------------|-------------------------------|
| (for office use): | | # _____ | Check #: | _____ | Cash <input type="checkbox"/> |
| <input type="checkbox"/> C M | <input type="checkbox"/> 3 yr. Old | <input type="checkbox"/> Sibling | <input type="checkbox"/> Ret. 4 | <input type="checkbox"/> General | |
| Waiting List: # _____ | for: <input type="checkbox"/> 3/3 | <input type="checkbox"/> 3/2 | <input type="checkbox"/> 3/5 | <input type="checkbox"/> 4/5 | <input type="checkbox"/> 4/3 |
| | <input type="checkbox"/> 4/5&3 | | | | |

**A non-refundable registration fee of \$100 must be submitted with this form
(payable by cash or check).**