



KIDDIE KOLLEGE PRE-SCHOOL
Pre-Kindergarten Enrollment

2020/2021

Experience Church@BAG
362 Stewart Ave.
Bethpage, New York 11714

Phone: 822-4241
Fax: 933-3341

Date of Application: _____

Desired Date of Entry _____

School: 822-4241

ENROLLMENT APPLICATION

Church: 931-2378

Child's Name: _____ Gender: M ___ F ___ Birthday: ___/___/___
First Last

Address: _____ Best Contact Number: _____
No. Street Town Zip Code

Father's Name: _____ Place of Employment: _____

Father's Contact #: _____ Work Phone Number: _____

Father's Email Address: _____

Mother's Name: _____ Place of Employment: _____

Mother's Contact #: _____ Work Phone Number: _____

Mother's Email address: _____

Marital Status: Married: _____ Single: _____ Separated: _____ Divorced: _____ Widowed: _____

Emergency Contacts: Relative or friend who we can call if you cannot be reached.

1: _____ Phone # _____
First Last

2: _____ Phone # _____
First Last

Language(s) spoken in your home: _____

Religious Preference: _____

Is your child toilet trained? YES NO Working on it _____

List previous group experiences: _____

How did you learn about our school? _____

My child may participate in social media as it relates to the school YES NO

_____ 2 Days - Tuesday/Thursday..... \$203.00 monthly (\$2,030.00 year)

_____ 3 Days - Monday/Wednesday/Friday..... \$305.00 monthly (\$3,040.00 year)

_____ 4 Days - Monday through Thursday..... \$406.00 monthly (\$4,060.00 year)

_____ 5 Days - Monday through Friday..... \$508.00 monthly (\$5,080.00 year)

Registration Fee: \$125.00 payable with application (non-refundable) _____

(For official use)

I give permission for my child's name, address and telephone number to be added to his/her class list. YES NO

Parent's Signature: _____

Please make all checks payable to: Experience Church @BAG