KIDDIE KOLLEGE PRE-SCHOOL

Terrific Two's

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: _____
First Last Phone #

2: _____
First Last Phone #

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

Days & Hours : 2 Hour Sessions - (9:30 - 11:30)

_____2 Days - Tuesday/Thursday..... $164.00 monthly ($1,640.00 year)

_____3 Days - Monday/Wednesday/Friday.....$246.00 monthly ($2,460.00 year)

_____4 Days - Monday through Thursday.....$328.00 monthly ($3,280.00 year)

_____5 Days - Monday through Friday.....$410.00 monthly ($4,100.00 year)

Registration Fee: **$75.00 payable with application** (non-refundable) _____

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***