



New Beginnings Preschool

A Ministry of Bucks County Community Church

1249 West Maple Avenue, Langhorne, PA 19047

(215) 750-1026

Application for Preschool Admission

Child's Name: _____ **Nickname:** _____ **Gender:** M / F

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Mother's Cell Phone:** _____ **Father's Cell Phone:** _____

Email: _____

Birth Date: _____ **Does your child have an Individualized Education Program (IEP)?** _____

Living with: Two Parents _____ One Parent _____ Guardian _____ Other (specify): _____

Does your child have any allergies? (please list) _____

How did you hear about New Beginnings Preschool? _____

Class Schedule and Tuition:

REGISTRATION FEE: A non-refundable \$50.00 fee is due when the application form is turned in.

CHECK ONE	CLASS	SCHEDULED DAYS	HOURS	MONTHLY TUITION (9 PAYMENTS) *	
				ATTENDERS**	NON-ATTENDERS
	3-yr olds	T / TH	9AM - 12 PM	\$150	\$160
	3-yr olds	M / W / F	9AM - 12 PM	\$210	\$230
	Pre-K4	M / W / F	9AM - 12 PM	\$210	\$230
	Pre-K5***	M / T / W / TH	9AM - 12 PM	\$275	\$300

* First payment due August 31st and last payment due April 30th.

**Attender: Parent(s) or Guardian(s) of the enrolled child is an attender and regular financial supporter of Bucks County Community Church.

*** Child must be 5 years old by December 31st of the current year, and/or be recommended by the teacher.

Parents / Guardians:

Father's Name: _____ **Occupation:** _____

Place of Employment: _____ **Phone No:** _____

Business Address: _____

Church Affiliation: _____ **Are you a regular weekly attender?** _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____ Phone No: _____

Business Address: _____

Church Affiliation: _____ Are you a regular weekly attender? _____

Guardian's Name: _____ Occupation: _____

Place of Employment: _____ Phone No: _____

Business Address: _____

Church Affiliation: _____ Are you a regular weekly attender? _____

Persons Authorized to pick-up child:

1. Name: _____ Relationship: _____

Address: _____ Phone #: _____

2. Name: _____ Relationship: _____

Address: _____ Phone #: _____

3. Name: _____ Relationship: _____

Address: _____ Phone #: _____

4. Restrictions for pick-up: _____

Parent or Guardian Signature*:

* By signing this document, I agree that all of the information provided is true and accurate.

=====

For Preschool Use Only:

Date Application Received: _____

Date Registration Fee Received: _____ Check Number _____

Comments: _____
