



New Beginnings Preschool

A Ministry of Bucks County Community Church

1249 West Maple Avenue, Langhorne, PA 19047

(215) 750-1026

Application for Preschool Admission 2022-2023

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 Plan? _____ If yes, please briefly explain: _____

Living with: Two Parents _____ One Parent _____ Guardian _____ Siblings: _____

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	\$160	\$180
	3-yr olds	M / W / F	9AM - 12 PM	\$250	\$270
	Pre-K4	M / W / F	9AM - 12 PM	\$250	\$270
	Pre-K5***	M / T / W / TH	9AM - 12 PM	\$335	\$355

* First payment due Sept. 5 and last payment due May 5th.

**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: _____

Mother's Name: _____ **Occupation:** _____

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

Business Address: _____

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.

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For Preschool Use Only:

Date Application Received: _____

Date Registration Fee Received: _____ **Check Number** _____

Comments: _____
