

Reading Baptist Day School
45 Woburn Street
Reading, MA 01867

Application for Enrollment
3 year old class

Child's Name_____ Primary Language_____

Date of Birth_____ Place of Birth_____

Address_____

Parents Information

Please circle preferred phone number and email

Father_____ **Mother**_____

Address_____ Address_____

Home Tel. No._____ Home Tel. No._____

Business Tel. No._____ Business Tel. No._____

Occupation_____ Occupation_____

Cell #_____ Cell #_____

Email _____ Email _____

Others in Family/Relationship and age

_____/_____
_____/_____

Two Day Class
Tuesdays and Thursdays
9:00 – 12:00

Tuition – \$2400.00 per year
(10 payments of \$240.00)

Please return the application form together with a \$75 per family, non-refundable registration fee.

Signature_____

Date_____