

**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: \$2700.00 per year (\$270.00 per month)

Please return the application form together with a \$100.00 per family, non-refundable registration fee.

Signature _____

Date _____