



Preschool @ BSE



1/2 days
4 & 5 year olds Mon.,Wed.,Fri.

All Day 5 days

A.M. **OR** **P.M.**

Name of student:

Last

First

Middle

Address:

Street

City

Zip Code

Phone #:

Male

Female

Birthdate:

Cell phone #

Cell phone #

Father's Name:

Mother's Name:

Work Number:

Work Number:

Email:

Email:

In case of emergency, please call (other than parents):

Name:

Phone:

***You will need to provide a copy of your child's immunization record and a physical before he or she will be allowed to attend YMCA PreSchool.**

Who will be picking up your child at school?

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

\$35.00 Registration Fee

_____ **Paid**