

NEW BEGINNINGS PRESCHOOL – A Ministry of BCCC

1249 West Maple Ave., Langhorne, PA 19047

(215) 752-5571



Application for Preschool Admission

Child's Name: _____ **Nickname:** _____

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

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

Age: _____ **Birth Date:** _____

Our Child by: Birth _____ Adoption _____ Previous Marriage _____

Place of Birth: City _____ County _____ State _____

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

Class Schedule and Tuition:

CHECK ONE	CLASS	SCHEDULED DAYS	HOURS	MONTHLY TUITION	
				ATTENDERS*	NON-ATTENDERS
	3-yr olds	M / W	9AM - 12 PM	\$99	\$110
	4-yr olds	M / W / F	9AM - 12 PM	\$138	\$154

* Attender: Parent(s) or Guardian(s) of the enrolled child is an attender and regular financial supporter of BCCC or LTM.

Parents / Guardians:

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

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

Business Address: _____

Church Affiliation: _____

Church Address: _____

Are you a regular weekly attender? _____

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

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

Business Address: _____

Church Affiliation: _____

Church Address: _____

Are you a regular weekly attender? _____

Guardian's Name: _____ **Occupation:** _____

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

Business Address: _____

Church Affiliation: _____

Church Address: _____

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: _____

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For Preschool Use Only:

Date Registration Fee Received: _____

Comments: _____
