



## Bethany Early Childhood Education Center

18 Sophia Grace Dr., Fishersville, VA 22939  
(540) 942-4361, Extn. 3

### Application for Registration 2020-2021

#### Checklist (for office use only)

- Completed Enrollment Application Form
- Registration Fees \_\_\_\_\_
- Birth Certificate (*new students only*) Viewed on: \_\_\_\_\_
- Commonwealth of Virginia School Entrance Health Form/Immunization Records

*Applications cannot be considered complete until all of the above materials are received.*

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#### Student Information:

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Birth certificate issue date: \_\_\_\_\_ Birth Certificate # \_\_\_\_\_

This applicant is baptized: YES or NO

This applicant is (optional): African American African American Caucasian Asian American  
Caucasian Hispanic Other: \_\_\_\_\_

Student Lives with : Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ \*Other \_\_\_

(\*If other, Name & Relationship) \_\_\_\_\_

(check all that apply): Father Deceased \_\_\_ Mother Deceased \_\_\_ Parents Separated \_\_\_ Parents Divorced \_\_\_

County or City Student resides: \_\_\_\_\_

#### Applying for School (Registration fee—\$65 or \$120/family, nonrefundable):

##### 2-year-old class

- 2-day (T/TH)
- 3-day (M/W/F)

##### 3-year-old class

- 5-day (M-F)

##### Pre-K class

- 5-day (M-F)

***Applying for Extended Care? Yes \_\_\_ No \_\_\_ (If YES, see back of this form)***

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Office Use Only: Received Date : \_\_\_\_\_ Received by: \_\_\_\_\_

# Family Information

Parent/Guardian 1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Full Home Address:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Full Home Address:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer & Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

\_\_\_\_ We do not have a church home and would like the Pastor to contact us.

In addition to parents/guardian's listed above, person(s) to receive communication regarding child:

\_\_\_\_\_

Other children's name and DOB:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical problems, allergies, or learning disabilities? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: BETHANY ECEC WILL ADMINISTER MEDICATIONS IF THE PARENT OR LEGAL GUARDIAN HAS PROVIDED WRITTEN CONSENT IN ACCORDANCE TO THE GUIDELINES SET BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES!**

What is your reason for enrolling your child in Bethany?

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How did you learn about Bethany's programs? Referred by?

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Previous schools your child has attended:

Name of Program/School

Location (City/State)

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Bethany admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, and other school programs.

## Commitment

- Yes, I will support Bethany ECEC's Christian education.
- Yes, I agree to pay all charges and fees by their assigned due date, for all programs used.
- Yes, I understand that in the event that there are less than 8 children enrolled in a class, the school reserves the right to cancel or combine age levels to enhance the classroom experience for every child. If these adjustments are needed, I understand that we will be notified as quickly as possible.
- Yes, I understand that Bethany ECEC cannot guarantee placement into a specific class with a specific teacher/aide.
- Yes, I agree to notify Bethany ECEC if my child will not be attending come fall, no later than August 1st of the new upcoming school year.
- Yes, I agree to notify Bethany ECEC if my plans for preschool, extended care and/or summer care change.

I wish to enroll my child in the program indicated on the front and back of this form.

\_\_\_\_\_  
Signature of Parent/Guardian      Date

\_\_\_\_\_  
Signature of Parent/Guardian      Date

# 2020-21 Extended Care Registration

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## **Extended Care - \$120 or \$180/Family Registration Fee** (Nonrefundable— Includes Morning Pre-School Registration Fee)

**September—May**

**11:30 a.m.—6 p.m.**

**(Extended care rates include morning care from 7:30 a.m.—8:15 a.m.)**

**Days per week:**     2 to 3     4 to 5

**Days of the Week:**

Monday    Tuesday    Wednesday    Thursday    Friday    All

Children will attend morning preschool then go to the extended care program