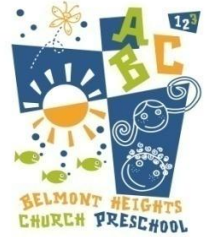




Belmont Heights Church Preschool

"A Developmental Learning Center"



Waiting List

Today's Date	
Child's Name	
Child's Birthday	
Parents' Names	
Email Address(s)	
Address/City/Zip	
Home Phone	
Siblings/DOB	

Briefly explain why you are interested in having your child enrolled at BHCP

Select Preferred Program M · W · F TU · TH M - F

I am interested in the a.m. program p.m. program either

Preferred date to start _____

How did you hear about our school? _____

Are you an active member of BHUMC? Yes No

Is your child toilet trained? Yes No

For Office use Only				
Tour Date	Current Age	Class	Reference	Note
Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No				

