

Thank you for your interest in the Preschool Program offered at Bethany Lutheran Church. **Enrollment in our School Year Program is open to children who have turned 18 months through 5 years by September 1 of the current school year. Your child's name will be added to the list on the date of your tour of our Preschool.** Please read the following and complete all information as requested.

- Placement in the program is based on the child's age as of September 1.
- ALL PROSPECTIVE STUDENTS, including siblings of currently enrolled students, must submit Application form for placement at BLP if there is not an immediate opening for your child at the time of your tour.
- Siblings of currently enrolled students have priority in placement; however, there is no guarantee of placement.
- Those on the list are contacted per their order on the list, their preferred days of attendance, and as openings become available.
- **If an opening in our program is declined at the time of offering, your child's name will be removed from the list unless otherwise requested. A non-response will also remove your child from the list. Application form will only be retained for 3 months after an offer for placement has been extended.**
- Placement into the program can occur at the Director's sole discretion.
- You may return the Application Form via email to **admissions@bethanyaustin.com** or in person at the preschool office.

CHILD'S INFORMATION:

Name: _____
Last First Middle

Preferred Name: _____

DOB: _____ Gender: Male / Female

Address: _____

City/Zip: _____

Home Phone: (_____) _____

Email: _____

First Parent's Name: _____

Second Parent's Name: _____

Have any of your children previously attended or are currently attending at Bethany Preschool? Yes /No

If yes, name of child(ren) _____

CONTACT INFORMATION: If an opening becomes available for your child, the person named below will be contacted either by phone or email. Once contact has been attempted, the spot offered will be held for 48 hours. You must notify the Director or Preschool Office within that time frame if you would like to accept the spot offered. **A non-response will remove your child from our list.**

Name of person to be notified (Please print clearly):

Contact Phone: (_____) _____

Contact Email: _____

PROGRAM INFORMATION:

(Check all that apply)

I am interested in enrolling my child in the:

☐ School Year Program (September –May) beginning 20____

☐ Summer Program (June-August) beginning 20____

☐ If there is not a spot available for my child at the beginning of the program year, I would like to enroll throughout the year.

☐ Immediately

I am interested in enrolling my child when they reach the program age for the following class:

- ☐ Toddler (18 months old by September 1st)
- ☐ 2 Year Old Class (2 years old by September 1st)
- ☐ 3 Year Old Class (3 years old by September 1st)
- ☐ 4 Year Old Class (4 years old by September 1st)
- ☐ Bridge Class

Attendance Preferences:

Toddler Class: ☐ M/W ☐ T/TH

2 Year Old Class: ☐ M/W ☐ T/TH

3 Year Old Class: ☐ T/W/TH ☐ M/T/W/TH

4 Year Old Class: ☐ T/W/TH ☐ M/T/W/TH

Kinder Bridge Class: ☐ M/T/W/TH

☐ I have more than one child on the list, but am willing to enroll them separately as spots become available.

Tour Date: _____ Names of Sibling(s): _____
Date Placement Offered & Program Offered: _____ Spoke by Phone / Left Voice MSG / Emailed
Response: Non-Response / Accepted / Declined