Registration Form, 2019-2020 School Year

Bethany Christian School and Preschool 3300 W. Parker Road

Plano, TX 75075, 972-596-5811

E-mail Bethany.Christian@verizon.net

The information provided will be kept confidential. If you are enrolling more than one student, please fill out a form in its entirety for each child.

ALL information below needs to be local contact information only.

Student Information:			
Today's date	Grade enrolling for	Birthday	Sex
Student's name (Last, first, n	niddle)		
Please list the names and grad	des of other siblings enrolled in BO	CS	
*ALL information below sh	nould reflect where and with who	om the student is living/	will live <u>locally.</u> *
Names of adults with whom	student lives:	-	
Student's Address			
City, state, zip code			
Home phone	E-mail		
Local Contact #1 name:			
Contact #1 cell	Contact #1	work	
E-mail			
Local Contact #2 name:		<u>-</u>	
Contact #2 cell	Contact #2 work		
E-mail			
If the student attends church,	which church does he/she attend?		
Are you interested in receiving	ng information about Bethany Bibl	e Church?	
What does a person need to d	lo to go to heaven?		
Emergency Information:			
In case of an emergency and	the above-noted individuals are no	ot available, whom shall w	we contact <u>locally</u> ?
Name	Relationship to child		
Address			
City, state, zip code			
Home phone	cell	work	
Financial Information: Pers	son responsible for account		
I have received, read and und	lerstand the Schedule of Fees, inclu	uding the section regarding	ng refunds and
penalties.			
Signature		 Date	