



Registration Form

STUDENT INFORMATION

Student Name _____

Nickname _____ Date of Birth _____
(the name you would like us to use in school)

Address _____

Town _____ Zip _____

Phone (home) _____

Parent 1 Name _____

Cell _____ Email _____

Parent 2 Name _____

Cell _____ Email _____

PROGRAM INFORMATION

Enrollment school year: _____

Program: (circle one) 3 Year Old 4 Year Old

Return completed form with \$50 registration fee and \$200 deposit to:

Bethany Nursery Group, Inc.
511 Amity Road
Bethany, CT 06524

SCHOOL USE

Date Received _____ Check # _____ Amount _____