



Registration Form

STUDENT INFORMATION

Name _____

Nickname _____

(the name you would like us to use in school)

Date of Birth _____

Address _____

Town _____ Zip _____

Phone (home) _____ (cell) _____

E mail _____

Parents' Names _____

PROGRAM INFORMATION

Enrollment starting: _____

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

Return completed form and \$50 registration Fee to:

Bethany Nursery Group, Inc.

511 Amity Road

Bethany, CT 06524

SCHOOL USE

Date Received _____ Registration Fee _____