



## 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 processing fee and \$200 deposit to:**

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

### SCHOOL USE

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_