

RETURNING STUDENT ENROLLMENT FORM
(A \$150 non-refundable registration fee must accompany this form)

Bethesda International Academy and Preschool/Childcare Center

6803 N. Campbell Avenue Chicago, IL 60645

Phone: 773-743-0800 Fax: 773-743-4415

PLEASE COMPLETE ENTIRE FORM BY FILLING IN ALL BLANKS.

Date: _____

Student name: _____ Gender: male female

Name commonly used: _____ Social Security Number: _____

Program(s) desired:

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Elementary
grade student
will enter _____ | <input type="checkbox"/> Kindergarten
(full-day) | <input type="checkbox"/> Full-day Preschool
(8:45-3:15)
age: 3 or 4
(please circle) | <input type="checkbox"/> Half-day Preschool
(8:45-11:15am)
age: 3 or 4
(please circle) | <input type="checkbox"/> Full-time childcare
(7am-6pm)
age: 3 4 5
(please circle) |
|--|---|--|---|--|

Extended care: Before school (7-8:45) After school (3:15-6pm)

Child's date of birth: _____ Age as of September 1(current year): _____ Date to begin: _____

Address: _____ City: _____ Zip: _____ email: _____

Telephone: () _____ Cell phone: () _____ Place of birth: _____

Father's name: _____ Mother's name: _____

Address: _____ Address: _____

City, state, zip: _____ City, state, zip: _____

Occupation: _____ Occupation: _____

Work address: _____ Work address: _____

Work telephone: _____ Work telephone: _____

Current marital status: married separated divorced single other: _____

Who has legal custody? (Please supply copy of any court orders or other documents) _____

Neighborhood public school: _____

Did your child previously receive Title I services? Yes / No

Did your child participate in a Head Start program? Yes / No

Church affiliation:

- Bethesda Lutheran Church
- Other Lutheran Church-Missouri Synod *
- Other Lutheran Church (various synods) *
- Other Religious Affiliation *
- No church membership

* Church Name: _____

Cultural Background: (Please specify country of cultural origin)

- | | Mother | Father |
|--|--------|--------|
| <input type="checkbox"/> African | _____ | _____ |
| <input type="checkbox"/> Asian | _____ | _____ |
| <input type="checkbox"/> European | _____ | _____ |
| <input type="checkbox"/> Latino | _____ | _____ |
| <input type="checkbox"/> Native American | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

Home and Family Information:

Sibling names:	Age	Date of birth	School (if any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is any other language, other than English, spoken in the home? yes no If yes, which? _____

Is your child adopted? yes no At what age? _____ Does he/she know? yes no

Are there other adults living in the home? yes no If yes, describe: _____

Does someone other than parents have a significant role in child rearing? _____

Does your family attend church regularly? yes no If yes, where? _____

Is your child baptized? yes no Date: _____ Where? _____

Additional Information:

Is there anything else you feel we should know as we work with your child? _____

Have there been any recent changes within your family that could have an impact on your child's adjustment to school? _____

Payment Schedule Information (Please indicate which payment plan you prefer. If no payment plan is selected, you will be assigned the 10-month plan.)

- Advance Payment Schedule – Full payment due in August
(\$100 discount at time of payment)
- Semi-annual Payment Schedule – 1/2 payment due in August and balance in full due Dec. 1
(\$50 discount at time of payment)
- 10 month Payment Schedule – Payments due each month beginning in August
 - Please check here to receive a payment book
- Weekly Payment Schedule *(Available for full-time childcare enrollments only)*

Parent/Guardian Signature: _____

Date: _____