Claremont Baptist Nursery School Enrollment Form 2018-2019

Welcome to the 2018-2019 school year at CBNS! We are excited to have you join our community and are looking forward to another fantastic year. Please complete and return the following form if you are interested in enrolling your child, along with a **non-refundable \$130.00**. If you have more than one child, we will need one form for each child. If you have any questions, please contact us at (909) 624-8873 or claremontbns@gmail.com.

OFFICE USE ONLY

Registration Fee:		
Paid:	Check / Cash	
Date:		
Initials:		

Child's Name:	Birth Date:/	
Address:		
City:	State:	Zip:
Hone Number:		
Parent Name/Guardian:	Relation	nship to child:
Cell Number:	Work Number:	
E-mail:		
Parent Name/Guardian:	Relation	nship to child:
Cell Number:	Work Number:	
E-mail:		
	eck the days you are request ool hours 9:00am-12:00pm.	
2.5-year old class T/TH (2) \$156/mo M/W/F (3) \$237/mo M-F (5) \$393/mo	3-year old class T/TH (2) \$156/moM/W/F (3) \$237/moM-F (5) \$393/mo	4-year old class T/TH (2) \$156/moM/W/F (3) \$237/moM-F (5) \$393/mo
Requested before school care Circle drop-off time. Check days AM 7:30 AM 8:00 T/Th \$69/mo T/Th \$46/mo M/W/F \$99/mo M/W/F \$66/m M-F \$168/mo M-F \$112/mo	no M/W/F \$33/mo	