

Belle's & Beau's Academy

New Child Registration Information

Today's Date _____

Child's Name _____ Sex _____

Child's Birthdate _____ Age _____

Desired Start Date _____

Desired Schedule _____

Is your child potty trained? _____yes _____no

Does your child have allergies? _____yes _____no If so, what? _____

How did you hear about us? _____

Parent Name (or legal Guardian) _____

Parent Phone Number: Work _____

Home _____

Cell _____

I have been offered a space (or been given a position on the wait list) and I would like to enroll my child at Belle's and Beau's Academy. I understand that by submitting my non-refundable registration fee that a space is being held for my child(ren). I understand that if I do not begin on my given start date, that a space is no longer guaranteed for my child.

Signature

Date

OFFICE USE ONLY			
Tour Given By _____	Start Date _____	Teacher Copy Given _____	
Teacher's Name _____	Registration Fee: Check# _____	Cash _____	Card _____