

BETHANY LUTHERAN SCHOOL ENROLLMENT APPLICATION for 2023—2024

Student Name: _____

First Middle Last Prefers to be called Girl () Boy () Date of Birth _____

Student Name: _____

First Middle Last Prefers to be called Girl () Boy () Date of Birth _____

Today's Date _____

Class/Grade Level Applying For:

Two-Year-Old Half-Day Preschool

____ Tuesday & Thursday 8:20-11:20 am

Three-Year-Old Half-Day Preschool

____ Monday & Wednesday 8:20 -11:20 am

____ (Optional) Friday 8:20 - 11: 20 am

Four-Year-Old Half-Day Preschool

____ Monday-Thursday 8:20-11:20 am

____ (Optional) Extended Hours: Monday-Thursday until 1:00 pm

Blended 3s/4s Full-Day Preschool

3, 4, or 5 days available. Check which days you'd like.

Also circle 1:20 or 3:20 pm.

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday 1:20 pm / 3:20 pm

Kindergarten

____ Half-day (Monday-Friday 8:20-11:30 am)

____ Full-day (Monday-Friday 8:20-3:30 pm)

Elementary Grades

____ Grade 1

____ Grade 2

____ Grade 3

____ Grade 4

____ Grade 5

____ Grade 6

____ Grade 7

____ Grade 8

Father/Guardian Information

Father's name (first & last):

Address

City/state/zip

Email

Cell phone

Work phone

Father's employer/position

Mother/Guardian Information

Mother's name (first & last):

Additional Address (if Applicable)

City/state/zip

Email

Cell phone

Work phone

Mother's employer/position

____ Please charge the registration to my
account on file

OR

____ I have included a registration check
payable to Bethany Lutheran School

Office Use Only

- Fast Direct
- School Messenger
- Enrollment
- Master
- Quickbooks

Date: _____

Fee Paid: _____

Check #: _____

How did you hear about Bethany Lutheran School?

Church _____ Website _____
Bethany Family _____ Facebook _____
Google Search _____ Other _____

Family Church:

Membership: _____ Denomination: _____
Years: _____
Is your child baptized: ___ Yes ___ No Baptism Date: _____

Marital Status of Parents:

___ Married ___ Separated ___ Divorced ___ Not Married

Child lives with:

___ Both Parents ___ Father ___ Mother ___ Other (list) _____

Ethnicity:

___ African-American ___ American Indian/Alaska native ___ Asian/Pacific Islander
___ Caucasian ___ Hispanic/Latino ___ Multi-ethnic

Allergies: (Please describe in detail:) _____

Information on this form may be shared with appropriate personnel for health and educational purposes.

Photo Permission (Circle all that are permissible:) Classroom Blog Social Media Website/Marketing

Previous School Experience? If so, where: _____

NON-DISCRIMINATION POLICY

Bethany Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges and activities generally accorded to made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, athletic, and other school-administered programs.

WELCOME TO THE BETHANY FAMILY!

Word of mouth is our biggest referral source. Please let others know about us. It's the highest compliment we can receive!

VISIT US ON FACEBOOK

<https://www.facebook.com/BethanyLutheranSchoolNapervilleIL/>



By the power of God's Spirit, the mission of Bethany Lutheran School is to train, equip, and support witnesses for His Kingdom.