**BASIC BEGINNINGS PRESCHOOL**

# September 7, 2021 – May 18, 2022

## Kindergarten Readiness Skills Problem Solving

**Creative Thinking Decision Making**

**Singing Songs Finger Plays**

**Learning to Share Cooperation** **Where Quality Education Begins!**

**If you have any questions?**

Contact; Kelli Black 721-7946

[kelli@basicbeginningspreschool.com](mailto:kelli@basicbeginningspreschool.com) or

www.basicbeginningspreschool.com

* **Class space will not be held without the registration fee and the registration form**
* **Student must have a completed file prior to the first day of school.**

I give Acrobatic Academy Fitness & Education Center, Inc. and/or any companies representing Acrobatic Academy, permission to call my cell phone for business purposes

**BASIC BEGINNINGS PRESCHOOL TERM REGISTRATION**

September 7, 2021 – May 18, 2022

**CLASS DAY TIME MONTHLY FEE**

1. 4-5 years Pre-K Mon/Wed/Fri 9:00-11:45 a.m. $ 110.00
2. 4-5 years Pre-K Mon thru Fri 12:30-3:15 p.m. $ 140.00
3. 3-4 years class Mon/Wed/Fri 9:30am –12:00 p.m. $ 100.00
4. 3-4 years class Tu/Th 9:00-11:30 a.m. $ 85.00
5. 2½-3 years class Tu/Th 9:15-11:15 a.m. $ 80.00

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [M] [F] Student Age: \_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION FEE:** $50.00 **(non-refundable)**

1. Date Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH VISA/MC CHECK # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current Student
2. New Student - **Enrollment packet given –** Yes / No

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** ***Classes subject to change, based on enrollment***