

Registration Form



Today's Date: _____ Program Start Date: _____

PERSONAL INFORMATION

Student Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (Home) _____ (Cell) _____

PROGRAM INFORMATION (select one)

_____ 2-Year-Old (Will be placed in the 3-year-old program and must sign Potty Training Policy)

_____ 3-Year-Old Program (Must be 3 by August 1st)

_____ 4-Year-Old Program (Must be 4 by August 1st)

CONTACT US!

Office: 702.260.7660

Director:
director@mybeautifulsaviorschool.com

Secretary:
office@mybeautifulsaviorschool.com

Pastor:
Andrew Mueller
pastorawm@me.com

Address:
10265 Bermuda Road
Las Vegas, NV
89183

Mark Your Preferred Schedule and Specify Your Preferred Days

	9 am - 12 pm	9 am - 3 pm	6 am - 6 pm
5 Days			
4 Days			
3 Days			
2 Days			

Office Use

Registration Date: _____ Fees Paid: _____ Book Fee: _____



Registration Form *continued*



I agree to pay the non-refundable registration fee(s) of \$225 to secure my child's enrollment

Student Name (please print): _____

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

PROGRAM INFORMATION (select one)

_____ 2-Year-Old (Will be placed in the 3-year-old program and must sign Potty Training Policy)

_____ 3-Year-Old Program (Must be 3 by August 1st)

_____ 4-Year-Old Program (Must be 4 by August 1st)

HOW DID YOU HEAR ABOUT US?

_____ Friend/Referral _____ Postcard/Mailer _____ Other? Please describe:

_____ Sign/Drive-by _____ Google/Web Search _____

_____ Website _____ Newspaper _____