

# 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)

\_\_\_\_\_ 3 Year Old Program (Must be 3 by September 30th)

\_\_\_\_\_ 4 Year Old Program (Must be 4 by September 30th)

## CONTACT US!

**Office:** 702.260.7660

**Fax:** 702.260.7694

**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

	9 am - 12 pm	9 am - 3 pm	6 am - 6 pm
<b>5 Days (Mon-Fri)</b>			
<b>3 Days (Mon, Wed, Fri)</b>			
<b>3 Days (Tue, Wed, Thurs)</b>			
<b>2 Days (Mon, Wed)</b>			
<b>2 Days (Tue, Thurs)</b>			

## 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)**

\_\_\_\_\_ 3 Year Old Program (Must be 3 by September 30th)

\_\_\_\_\_ 4 Year Old Program (Must be 4 by September 30th)

**HOW DID YOU HEAR ABOUT US?**

\_\_\_\_\_ Friend/Referral    \_\_\_\_\_ Postcard/Mailer    \_\_\_\_\_ Other? Please describe :  
\_\_\_\_\_ Sign/Drive-by    \_\_\_\_\_ Google/Web Search    \_\_\_\_\_  
\_\_\_\_\_ Website    \_\_\_\_\_ Newspaper    \_\_\_\_\_

