

Carmelina Padovani, Director
127 Summer Street
Lynnfield, MA 01940
781-334-6436

Date Recv'd _____
Amount Recv'd _____
App. Fee pd. CK# _____

**Application Form
2023-2024
The Bethlehem School of St. Paul's Church**

The Bethlehem School welcomes all families and does not discriminate, or tolerate discrimination, against any applicant in any manner prohibited by law.

Child's Name: _____ Nickname: _____ Gender: _____
LAST FIRST MIDDLE

Date of Birth: _____ / _____ / _____ Age as of September 2022: _____ (yrs.) _____ (mos.)
MONTH DAY YEAR

Home Phone: () _____ - _____ E-mail: _____
PLEASE PRINT CLEARLY

Address: _____
STREET CITY ZIP CODE

ALLERGIES to food, medication, and/or materials?

PARENTS OR GUARDIANS: Child lives with: () Both parents *If not both, which parent:* _____ Guardians ()

Parent 1: _____
LAST FIRST OCCUPATION EMPLOYER

E-MAIL _____ WORK PHONE _____ CELL PHONE _____
PLEASE PRINT CLEARLY

Parent 2: _____
LAST FIRST OCCUPATION EMPLOYER

E-MAIL _____ WORK PHONE _____ CELL PHONE _____

Distribution of Address: I hereby give my permission for distribution of my address, email, home or cell phone number to any other parent of a child enrolled in this school. (Addresses will not be given out for any commercial purposes.)

Parent initials _____

Siblings/others living in home

Name _____ DOB _____ Grade/School attending _____

Name _____ DOB _____ Grade/School attending _____

Name _____ DOB _____ Grade/School attending _____

Child's Name (continued): _____

Why are you interested in Bethlehem School for your child? _____

What are your expectations for your child's school experience? _____

Do you have any concerns about your child? _____

Please describe other Group/Childcare/Preschool experiences your child has had:

Primary language spoken at home: _____

Please indicate your preference. We will take this into consideration, but cannot guarantee class placement.

Morning Session 8:30 – 11:30 a.m. and 8:45 – 11:45 a.m.

___ 2 days - Tuesday and Thursday
___ 3 days - Monday, Wednesday and Friday

___ 4 days - Monday through Thursday
___ 4 days - Tuesday through Friday

___ 5 days - Monday through Friday

The Bethlehem School does offer flexible class schedules based on needs of your family and availability.
Please indicate days preferred: _____

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EXTENDED DAY PROGRAM/LUNCH BUNCH **Monday – Friday** **11:30 a.m. – 3:00 p.m.**

Please indicate if you are interested. _____yes _____no

STAY AND PLAY

Please indicate if you are interested. _____yes _____no

