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Lynnfield, MA 01940  
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Date Recv'd \_\_\_\_\_  
Amount Recv'd \_\_\_\_\_  
App. Fee pd. CK# \_\_\_\_\_

**Application Form  
2024-2025  
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 2024: \_\_\_\_\_ (yrs.) \_\_\_\_\_ (mos.)  
MONTH DAY YEAR

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Address: \_\_\_\_\_  
STREET CITY ZIP CODE

**ALLERGIES to food, medication, and/or materials?**

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**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* \_\_\_\_\_

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**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.

- 2 days - Tuesday and Thursday, 8:30 a.m. to 11:30 a.m.
- 3 days - Monday, Wednesday, Friday, 8:30 a.m. to 11:30 a.m.

- 3 days - Monday, Wednesday and Friday, 8:30 a.m. to 11:30 a.m.
- 4 days - Monday through Thursday or Tuesday through Friday  
8:30 a.m. to 11:30 a.m.
- 5 days - Monday through Friday, 8:30 a.m. to 11:30 a.m.

- 5 days - Monday through Friday, 8:30 a.m. to 11:30 a.m.

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 in.       **yes**       **no**

## Application Fee, Tuition and Payment Schedule for 2023-2024

Non-refundable **Application Fee: \$75**

The tuition rates for the **2024-2025** school year will be decided on in January 1, 2024

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**PLEASE NOTE TUITION MAY BE INCREASED 3-6% FOR THE 2024-2025 SCHOOL YEAR, TO BE DECIDED AND CONFIRMED IN JANUARY 2024. THE TUITION BELOW ARE FOR 2023-2024 SCHOOL YEAR.**

**Yearly Tuition = Seat Deposit (non-refundable) + Monthly (9) Payments of:**

<b>Days</b>	<b>Tuition</b>	<b>Deposit</b>	<b>Monthly (9) Payment</b>
1-Day	\$1931	\$140	\$199
2-Day	\$3813	\$285	\$392
3-Day	\$5170	\$400	\$520
4-Day	\$6402	\$480	\$658
5-Day	\$7427	\$560	\$763

**The yearly tuition includes the non-refundable seat deposit and 9 equal monthly payments. The non-refundable seat deposit is applied toward the tuition and secures your child's placement in the program.**

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The monthly payment schedule is as follows:

Payment #1	due by August 1, 2024
Payment #2	due by September 1, 2024
Payment #3	due by October 1, 2024
Payment #4	due by November 1, 2024
Payment #5	due by December 1, 2024
Payment #6	due by January 1, 2024
Payment #7	due by February 1, 2024
Payment #8	due by March 1, 2024
Payment #9	due by April 1, 2024

There is a \$35 fee for returned check and a \$25 fee for late tuition payments.

I have read and agree to the above terms regarding enrollment and tuition structure at The Bethlehem School. I agree to pay The Bethlehem School according to the terms and tuition payment schedule listed above. I understand that the full tuition is due and must be paid, regardless of a child's absence, in order to keep my child currently enrolled. I further understand that the application fee and seat deposit (as described above) are non-refundable under any circumstances, even if I withdraw my child before the beginning of the school year. A one month written notification is required if it is necessary to withdraw my child during the school year and I am responsible for the payment of the tuition for that one-month period.

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**SIGNATURE OF PARENT/GUARDIAN**

**DATE**