

BELL TOWER

PRE ELEMENTARY BILINGUAL SCHOOL

APPLICATION (2)

Pre School Pre Kinder Kindergarten

(Please, fill in this application completely and legibly with pen)

For Office Use Only

Date received: _____

Class: _____

Registration Fee: _____

Date Notified: _____

First Day Attended: _____

Processed by: _____

Additional Children:

Name: _____ Sex: _____ Age: _____ School Attending _____
 Name: _____ Sex: _____ Age: _____ School Attending _____
 Name: _____ Sex: _____ Age: _____ School Attending _____
 Name: _____ Sex: _____ Age: _____ School Attending _____

Present School of Applicant: _____
School Name

Address: _____
Street City State Zip Code

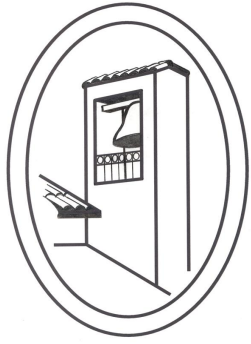
(_____)
School Telephone Grades Attended Principal's Name

Type of School: Private Public Religious

Schools Previously Attended and Dates Attended to each:

Have any relatives attended to BTBS? _____ **If yes, give name, relation, and class:**

How did you hear about BTBS? _____



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PRE ELEMENTARY BILINGUAL SCHOOL

APPLICATION (3)

Pre School Pre Kinder Kindergarten

(Please, fill in this application completely and legibly with pen)

Release Form

Emergency contact other than parents

Child's Name: _____

This child will be released only to the people on this application. In case of an emergency the following persons could be contacted and pick up the child from school.

Name: _____ Address _____ Phone _____ Relationship _____

Name: _____ Address _____ Phone _____ Relationship _____

Name: _____ Address _____ Phone _____ Relationship _____

Name: _____ Address _____ Phone _____ Relationship _____

The parent's of _____ signed this release form authorizing the persons in the list above to pick up the child from school in their absence without any other further requirements.

Mother's signature

Father's Signature

Guardian's Signature

Child's Medical Information

Child's Physician: _____ Address _____ Phone: _____

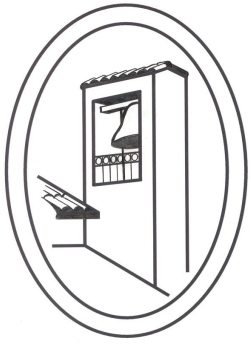
Any Allergies or special needs: _____

Hospital Preference: _____

Insurance Company: _____

Dentist: _____ Address: _____ Phone: _____

**3116 W. Main St – Alhambra – CA – 91801 – Phone: (626) 943 – 9970
info@belltowerschool.com**



BELL TOWER

PRE ELEMENTARY BILINGUAL SCHOOL

APPLICATION (5)

Pre School Pre Kinder Kindergarten

(Please, fill in this application completely and legibly with pen)

Getting to Know Your Child

Is your child potty trained? No Yes When _____

What does your child say when he/she wishes to use the toilet? _____

Does your child need help in: Dressing/Undressing? _____ Eating? _____ Washing Hands? _____

Does your child have any special fears or problems? _____

Have your child been cared for by another than parents? _____

If yes, whom? 1) _____

2) _____

Favorite Games: _____ Favorite Toys: _____

Favorite Food: _____ Afraid of: _____

Does your child have any special interests: _____

What kind of discipline do you use at home? _____

Other:

Please, add any information regarding your child's health, personality or special needs or interest you feel would be beneficial to the school

Por favor, agregue cualquier información sobre la salud, personalidad, necesidades especiales o intereses que UD, piense que podría ser beneficioso que nosotros supiéramos sobre su niño/a.
