

Honeybee Preschool Application for 2024-2025 School Year Enrollment

Name of C	hild:				
		Last	First	Middle	Nickname
Child's Information:				Child's Sex:	
		Date of	f Birth		Boy Girl
Parent or	r Guardi	an Inform	ation:		
Parent's Name:				Relation to Child_	
Address:			Email:		
Street				Work Phone:	
	City	State	Zip	Cell Phone:	
Parent's Name:				Relation to Child_	
Address:				Email:	
		Street		Work Phone: Cell Phone:	
	City	State	Zip		

Tuition and Class Times: Please check which program you wish to enroll.

7:45 - 10:30	Tues. & Thurs.	\$300.00
11:00 - 1:45	Tues. & Thurs.	\$300.00
7:45 - 10:30	Mon. Wed. & Fri	\$350.00
11:00 - 1:45	Mon. Wed. & Fri	\$350.00
7:45 -10:30	Monday - Friday	\$600.00
11:00 - 1:45	Monday - Friday	\$600.00

Tuition is a monthly rate.				
All children must be at				
least 3 years of age to				
attend preschool.				

I have enclosed the non-refundable registration fee of \$175.00 and reserved a place for my child at Honeybee Preschool for the 2024-2025 School Year.

Parent Signature: __

Date: ___

Phone: (907) 947-1254 Email: thehoneybeepreschool@yahoo.com http://www.honeybeepreschoolak.com

For School Use:	Date:
Registration Paid: _	