



Registration Form

Please attach a non-refundable Registration Fee of \$250 or a non-refundable Wait List Fee of \$50.

Please check one: Ashburn Campus Westfields/Chantilly Campus Today's Date _____

CHILD INFORMATION

Name _____

Nickname _____

Home Address _____

City _____ Zip Code _____

Home Phone _____

Gender Male

Female

Date of Birth _____

FATHER OR GUARDIAN

Name _____

Cell Phone/Pager _____

Email _____

Home Address (if different from child's)

City _____ Zip Code _____

Home Phone _____

Employer _____

Work Phone _____

ENROLLMENT DETAILS

Desired Start Date _____

Desired Schedule Full Time

M / W / F*

T / Th*

Menu Choice Standard

Vegetarian

MOTHER OR GUARDIAN

Name _____

Cell Phone/Pager _____

Email _____

Home Address (if different from child's)

City _____ Zip Code _____

Home Phone _____

Employer _____

Work Phone _____

**Please note that part-time care is available only for toddlers and older.*

BILLING PREFERENCE

Monthly statements are mailed or emailed on or about the 20th of the preceding month and tuition is due in advance on the first day of the month. Please indicate below your preferred method for receiving monthly statements. If email is selected, please provide the email address(es) where the billing statements will be sent. (You may provide up to two email addresses.)

Mail Statement Email Statement to: (1) _____

(2) _____

BeanTree Learning
43629 Greenway Corporate Drive
Ashburn, Virginia 20147

BeanTree Learning
5003 Westone Plaza
Chantilly, Virginia 20151

<i>Office Use Only</i>			
Enrollment Information Distributed by _____	Assigned Group _____		
Registration Fee Rec'd by _____	Amount _____	Date _____	Check No. _____
Wait List Fee Rec'd by _____	Amount _____	Date _____	Check No. _____