



# Registration Form

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

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 \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Home Address and Phone Number (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 \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Home Address and Phone Number (If different from child's)  
\_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_

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

## AFTER SCHOOL REGISTRATION ONLY

### SCHEDULE:

Desired Start Date \_\_\_\_\_  
Desired Status  
 After School Only  
 Before and After School  
Desired Schedule  
 Full Time  
 M / W / F  
 T / Th

### SCHOOL INFORMATION:

School \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Bell Schedule A.M. \_\_\_\_\_ P.M. \_\_\_\_\_  
School Contact \_\_\_\_\_

BeanTree Learning  
43629 Greenway Corporate Drive  
Ashburn, Virginia 20147  
571.223.3110

For office use only:

Enrollment Information Emailed by \_\_\_\_\_ Assigned Group \_\_\_\_\_  
Registration Fee Rec'd by \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Ck # \_\_\_\_\_  
Wait List Fee Rec'd by \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Ck # \_\_\_\_\_