

Pre-Registration Form

2024-2025

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on Sept. 1, 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply: \_\_\_ Returning student \_\_\_ New student

\_\_\_ Member of BCOC \_\_\_ Other siblings at BCP

Early Bird: \_\_\_\_\_\_\_\_ (8:00-9:00) Late Day: \_\_\_\_\_\_\_ (2:30-3:30)

Registration forms will be completed on Brighthweel.

--------------------------------------For Office Use--------------------------------------

Amt. paid: \_\_\_\_ Check #: \_\_\_\_ Placed: \_\_\_\_ Wait list: \_\_\_\_

Amt. paid: \_\_\_\_ Check #: \_\_\_\_

Amt. paid: \_\_\_\_ Check #: \_\_\_\_

Date Registered: \_\_\_\_\_\_\_\_\_