



## Now Registering for 2007-08

**Classes available for Infants (from 6 months) to Pre-K**  
**All classes are from 9:00 a.m. - 2:00 p.m.**

**School begins September 4, 2007 and ends May 30, 2008,**  
**following all LPISD school holidays and closings.**

**(Class Schedule and Tuition Fees are listed on the reverse side)**

**Non-Refundable Registration Fee due at time of registration:**

Early Registration (By April 25<sup>th</sup>, 2007) = \$85.00, each additional child \$50.00  
Late Registration (After April 25<sup>th</sup>, 2007) = \$100.00, each additional child \$50.00

**3's and Pre-K ABeka Book Fee due at time of registration:**

Three year olds through Pre-K utilize ABeka curriculum  
to encourage language development and listening skills.

3's Book Fee = \$20.00      Pre-K Book Fee = \$25.00

**Tuition Payment Options:**

- 1) Total Yearly Tuition paid by August 1<sup>st</sup>, 2007  
or
- 2) Monthly Payments (10 equal payments) are due the 1<sup>st</sup> day of the  
month from August, 2007 through May, 2008

**Tuition Discounts:**

Family Discount\*: 10% Tuition Discount applies to each additional registered sibling  
BBC Member Discount\*: 10% Tuition Discount applies to each child

\*Discounts cannot be combined

To register, fill out the Application Form on the reverse side and return it to:

Bayshore Learning Center,  
A Ministry of Bayshore Baptist Church  
11315 Spencer Hwy. LaPorte, TX 77571  
281-471-0940 [www.bayshorebc.org/blc](http://www.bayshorebc.org/blc)



## 2007-08 Application Form

Please fill out a separate Application Form for **each** child.  
 Return this application form with **Registration Fee** and **Book Fee**, if applicable.

**Child's Name** \_\_\_\_\_  
 Goes By Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M or F  
 Address/City/Zip \_\_\_\_\_  
**Father's Name** \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address/City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
**Mother's Name** \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Address/City/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check one of the following:

Infants (from 6 mos.)	<input type="checkbox"/> Tues & Thurs	(2-day class)	\$125/month	\$1250/year
	<input type="checkbox"/> Mon, Wed, Fri	(3-day class)	\$185/month	\$1850/year
	<input type="checkbox"/> Mon thru Fri	(5-day class)	\$315/month	\$3150/year
2 Yr. Olds (by 9/1)	<input type="checkbox"/> Tues & Thurs	(2-day class)	\$100/month	\$1000/year
	<input type="checkbox"/> Mon, Wed, Fri	(3-day class)	\$150/month	\$1500/year
	<input type="checkbox"/> Mon thru Fri	(5-day class)	\$255/month	\$2550/year
3 Yr. Olds (by 9/1)	<input type="checkbox"/> Tues & Thurs	(2-day class)	\$100/month	\$1000/year
	<input type="checkbox"/> Mon, Wed, Fri	(3-day class)	\$150/month	\$1500/year
	<input type="checkbox"/> Mon thru Fri	(5-day class)	\$255/month	\$2550/year
Pre-K (4-5 yrs. by 9/1)	<input type="checkbox"/> Mon, Wed, Fri	(3-day class)	\$150/month	\$1500/year
	<input type="checkbox"/> Mon thru Fri	(5-day class)	\$255/month	\$2550/year

Any known allergies \_\_\_\_\_

Special instructions \_\_\_\_\_

Persons to notify in case of emergency \_\_\_\_\_

I would like to register my child in Bayshore Learning Center and confirm that the information given above is true to the best of my knowledge.

\_\_\_\_\_  
 Signature of Parent or Guardian

For Office Use:	Date _____	Cash	Ck# _____	Amt _____	# _____
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