



For office use:
Form Received: _____
OH Date: _____
Visit Date: _____
Accepted: YES NO

ENROLLMENT INQUIRY FORM

School Year: 20_____

Child's name: _____ Nickname: _____
Birthdate (mm/dd/yr): ____ / ____ / _____ Gender: Male ____ / Female ____

First Parent/Guardian's Name: Mr/Ms/Mrs _____

Home address: _____ Apartment #: _____

City, State & Zip: _____ Home Phone: _____

Employer: _____ Occupation: _____

Workplace address: _____ Work Phone: _____

City, State & Zip: _____ Cell Phone: _____

Email address: _____

Second Parent/Guardian's Name: Mr/Ms/Mrs _____

Home address: _____ Apartment #: _____

City, State & Zip: _____ Home Phone: _____

Employer: _____ Occupation: _____

Workplace address: _____ Work Phone: _____

City, State & Zip: _____ Cell Phone: _____

Email address: _____

Who is your child's primary caregiver?

____ Parent(s) ____ Nanny/Babysitter Other: _____

Primary language spoken at home: _____

Applying To:

Two's class – Two and three morning options (*Child must turn 2 by September 1*)

____ Tue, Thurs – 9:00am-11:30am

____ Mon, Wed, Fri – 9:00am-11:30am

Three's class – Four and five morning options (*Child must turn 3 by December 31*)

____ Mon, Tue, Thurs, Fri – 8:45am-12:00pm

____ Mon, Tue, Wed, Thurs, Fri – 8:45am-12:00pm

Pre-K class – Five mornings only (*Child must turn 4 by December 31*)

____ Mon, Tue, Wed, Thurs, Fri – 8:45am-12:00pm

Extended day until 2:40pm –Select two, three or four afternoons (*3's & Pre-K children only*)

____ Mon ____ Tue ____ Thurs ____ Fri

Has your child previously been enrolled (or is now enrolled) in a daycare or preschool?

____ No ____ Yes

If so, when and where? _____

Has your child been formally diagnosed with any developmental delays or special needs?

How did you hear about BCPS? _____

*Forms are reviewed on a first come, first served basis. Consideration of age and classroom gender balance help to determine enrollment. Bridge Community Playschool does not discriminate based on race, religion, disability or ethnicity. **Students attending Bridge Community Playschool must be immunized unless medically exempt.***

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Please mail or deliver completed form to Bridge Community Playschool
or email to: director@bridgeplayschool.org