



*For office use:*  
Form Received: \_\_\_\_\_  
OH Date: \_\_\_\_\_  
Visit Date: \_\_\_\_\_  
Accepted:  YES  NO

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## ENROLLMENT INTEREST 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 between Jan 1st-Sept 1st*)

Tue, Thurs – 9:15am-11:30am  
Mon, Wed, Fri – 9:15am-11:30am

**Three's class – Four and five morning options** (*Child must turn 3 between Jan 1st-Dec 31st*)

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 between Jan 1st-Dec 31st*)

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            Thur            Fri

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

No                      Yes

**If so, when and where?** \_\_\_\_\_

**If your child has been formally diagnosed with any developmental delays or special needs, please explain:**

**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](mailto:director@bridgeplayschool.org)