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## ENROLLMENT INTEREST FORM

Please complete and return to: director@bridgeplayschool.org

Child's name:	Gender: Male	Female
Birthdate (mm/dd/year):/	Age as of September:	
Home Address:	Apt #:	Zip:
Parent/Guardian's Name #1: Mr Ms Mrs		
Primary Phone:Email:		
Employer:Occupatio	on:	
Parent/Guardian's Name #2: Mr Ms Mrs ———		
Primary Phone:Email:		
Employer:Occupatio	on:	
Applying To:		
2s Program – Two, three, & five morning options -	Child must turn 2 by Se	eptember 30
Tue, Thurs – 8:45am-11:30am		
Mon, Wed, Fri – 8:45am-11:30am		
Mon - Fri – 8:45am-11:30am		
3s Program – Four & five morning, and five full day	y options - Child must	turn 3 by December 3
Mon, Tue, Thurs, Fri – 8:45am-noon		
Mon - Fri - 8:45am-noon		
Mon - Fri – 8:45am-2:30pm		
4s Program - Five full days - Child must turn 4 by Do	ecember 31	
Mon - Fri – 8:45am-2:30pm		
Is your child currently attending a daycare or preschoo	<b>l program?</b> No	Yes
If so, where?		
How did you hear about BCPS?		
Forms are reviewed on a first come, first served basis. Consideration of		

enrollment. Bridge Community Playschool does not discriminate based on race, religion, disability, or ethnicity.

Bridge Community Playschool students must be immunized unless medically exempt.