



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

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## APPLICATION 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:** \_\_\_\_\_

**Program Applying To:**

**Four Mornings:** Mon, Tue, Thurs, & Fri – 8:45am-12:00pm

\_\_\_\_ 3's class only (*Child must turn 3 by December 31*)

**Five Mornings:** Mon, Tue, Weds, Thurs, & Fri – 8:45am-12:00pm

\_\_\_\_ 3's class (*Child must turn 3 by December 31*)

\_\_\_\_ Pre-K class (*Child must turn 4 by December 31*)

**Extended Day Option:** Parents may select 2, 3 or 4 days - until 2:40pm

\_\_\_\_ Available for both 3's classes and Pre-K class

**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?** \_\_\_\_\_

*Applications 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 application to Bridge Community Playschool  
or email to: [director@bridgeplayschool.org](mailto:director@bridgeplayschool.org)