



Male  Female

Child's Name

Birthdate (mm/dd/yyyy)

Mother/Father/Guardian (please indicate relationship)

Mother/Father/Guardian (please indicate relationship)

Home Address

Home Address

City Zip

City Zip

Home Phone Cell Phone

Home Phone Cell Phone

Email

Email

Occupation/Employer

Occupation/Employer

Briefly state what you are looking for in a program for your child.

\_\_\_\_\_

\_\_\_\_\_

Briefly describe any previous childcare or preschool experience

\_\_\_\_\_

\_\_\_\_\_

When would you like your child to begin attending?

\_\_\_\_\_

Please indicate current attendance preferences for your child (to be confirmed for any changes prior to enrollment committment.)

- 5 Days (M-F)     4 Days (M,TU,TH,F, No Wednesday)     3 Days (M,Tu,W)     3 Days (W,Th,F)

Does your child have any special medical or developmental needs?

\_\_\_\_\_

How did you learn of Gates and Bridges Preschool?

\_\_\_\_\_

- I/We have attended a parent orientation tour on (date) \_\_\_\_\_
- I/We have not yet attended a parent orientation tour.

Signature of Parent/Guardian (Please print and sign)

Date (mm/dd/yyyy)

PLEASE MAIL THIS APPLICATION WITH A \$60 NON-REFUNDABLE APPLICATION FEE, PAYABLE TO "GATES AND BRIDGES PRESCHOOL" TO THE ADDRESS ABOVE. YOUR APPLICATION WILL BE RETAINED UNTIL YOUR CHILD IS NO LONGER AGE ELIGIBLE, YOU DECLINE AN ENROLLMENT OFFER, OR YOU REQUEST REMOVAL FROM THE WAITING LIST.