



Office use only

Date Received: _____

Check #: _____

Tour Date: _____

Tour Time: _____

Natural Bridges Children's Center Enrollment Application

Child's Full Name: _____

Age _____ Date of Birth: _____ Gender: _____

Today's date: _____ Enrollment for School Year _____ Requested Start Date: _____

Language(s) spoken at home: _____

Contact Information

Home Address _____ City _____

State: _____ Zip: _____ Contact Phone: _____

Parent(s) Guardian(s)

Name:	Name:
Relationship to child:	Relationship to child:
Occupation	Occupation
Employer	Employer
Cell phone	Cell phone
Email	Email

Sibling(s) names and ages: _____

What Schedule are you requesting? (Please specify which days)

3/4 Day (8:30- 3:00) - _____ 5 Day (M-F) _____ 3 Day (M, W, F) _____ 2 Day (T, TH)

Extended Day (8:30-4:30) - _____ 5 Day (M-F) _____ 3 Day (M, W, F) _____ 2 Day (T, TH)

A one-time **non-refundable \$100.00 Application Fee** must accompany your initial application.
 Payment of a yearly enrollment fee of \$350.00 is required upon notification of space available.

 Parent Signature _____
 Dates

****Please attach a family photo to the back of this application****

Inspiring Children ~ Creating Community ~ Building Bridges