



<i>Office Use Only</i>	
Received:	_____
Check #:	_____
H: _____	Yr.: _____
M: _____	Yr.: _____
S: _____	F: _____
Notified:	_____

Natural Bridges Children's Center Enrollment Application

Date of Application: _____

Family Photo Included _____ Non-Refundable \$100 Application Fee Included _____

Child's Legal Full Name: _____

Child's Date of Birth: _____ 3 Years Old By Sept.1st, 20 _____

Applying for School Year: 21/22 _____, 22/23 _____, 23/24 _____, 24/25 _____

5 Day Schedule Preference

3/4 Day (8:30-3:00) - _____ Extended Day (8:30-4:30) - _____

Family Information

Parent/Guardian Name 1: _____

Home Address 1: _____ City _____ State: _____ Zip: _____

Parent/Guardian Name 2: _____

Home Address 2: _____ City _____ State: _____ Zip: _____

Parent/Guardian 1:	Parent/Guardian 2:
Relationship to Child:	Relationship to Child:
Occupation:	Occupation:
Employer:	Employer:
Cell Phone:	Cell Phone
Email:	Email:

Sibling Information

Sibling Name: _____

Age: _____ School: _____

Sibling Name: _____

Age: _____ School: _____

Sibling Name: _____

Age: _____ School: _____

Sibling Name: _____

Age: _____ School: _____

If there are more siblings please attach the information.

Official inclusion to the waitpool requires a one-time non-refundable \$100.00 application fee.

Upon notification that a spot is available, there is a 48 hour response period. Upon NBCC's notification of families interest, there will be a family/school 'get to know each other' meeting scheduled, along with a 'visit time' for the child. Upon acceptance into the program, a contract will be offered and an annual non-refundable 500.00 enrollment fee will be required.

Parent Signature

Date

Print Name

Please attach a family photo to the back of this application

Inspiring Children ~ Creating Community ~ Building Bridges

Natural Bridges Children's Center 255 Swift St. Santa Cruz, Ca. 95060 Phone 831.429.NBCC (6222)