



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

## Natural Bridges Children's Center Enrollment Application

Date: \_\_\_\_\_ **Please Attach Photo and Include Non-Refundable \$100.00 Application Fee**

### Child Information

Child's Legal Full Name: \_\_\_\_\_ Sex Assigned at Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 3 Years Old By Sept.1st, 20\_\_\_\_ Request for School Year 20\_\_\_\_

### Schedule Preference

(Please note 1st & 2nd choice preferences. Preferences are not guaranteed)

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)

### 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.

**A one-time non-refundable \$100.00 Application Fee must accompany this application.**

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 \$350.00 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)