



Office use only

Date Received: _____

Check #: _____

Entered: _____

Tour Date: _____

Natural Bridges Children's Center Enrollment Application 2017-18

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?

3/4 Day (8:30- 3:00) - _____ M-F _____ 4 day _____ 3 Day _____ 2 Day
 Extended Day (8:30-4:30) - _____ M-F _____ 4 day _____ 3 Day _____ 2 Day

(Please specify which days)

A one-time **non-refundable \$75.00 Application Fee** must accompany your initial application.
 Payment of a yearly enrollment fee of \$300.00 is required upon notification of space available.

 Parent Signature _____ Dates