

Today's Date: _____



Application for Admission

Child's Full Name _____ Name Called _____

Birthdate _____ Desired Start Date _____

Parent/Guardian	Parent/Guardian
Name	Name
Address	Address
Phone	Phone
Email	Email
Occupation	Occupation

Who does your child live with? _____

Siblings, Names and Ages _____

Schedule Options:

12 month contract or 9 month contract (September-May)

5 Days 8:15am-5:15pm

4 Days 8:15am-5:15pm Preferred Days _____

3 Days 8:15am-5:15pm Preferred Days _____

Early Care 7:30am

Tell us about your child (favorite interests, activities, temperament)?

What types of things do you enjoy doing as a family?

What do you envision for your child's earliest school experience?

Does your child have any allergies, food restrictions or medical conditions that might impact their time at school?

How did you hear about Branches Community School?