

Today's Date: _____



Application for Admission

Child's Full Name _____ Name Called _____

Child's Pronouns _____ Birthdate _____

Please describe your child's race or ethnicity _____

Desired Start Date _____

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

Who does your child live with? _____

Siblings, Names and Ages _____

Schedule Options:

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?

What drew you to Branches Community School?