Broad Branch Children's House Application for Admission



Child's Name:					
Child's Common/Nickname:					
Primary Address:					
City: State:		Zip:			
Phone:	Email:				
Date of Birth:/		Desired Date of Enrollment://			
	Please Check Pro	grams Desired:			
Toddler Program (ages 2-3) Ol		Primary Program (ages 3-6)			
Ten Month Montessori Program		Twelve Mon		ori Program	
Half Day Morning School Day with Nap	9:00 am - 12:15 pm 9:00 am - 3:00 pm	Twelve Month Program 8:00 am – 6:00 pm			
or: School Day - PM Class* * For ch	9:00 am - 3:15 pm ildren 4 and older				
and:					
Before Care After Care	8:00 am - 9:00 am 3:00 pm - 6:00 pm				
Is your child completely toilet train Has your child participated in Bab	□ _{Yes}	□ _{No}			
Has your child previously attende	Yes	□No			
Has your child previously attended	d traditional childcare?	Yes	□No		
Legal guardians of child:					
Names and ages of siblings:					
Family status:	ed Partnered D	Separated \Box D	ivorced	Single	
Custody Matters:	☐ Mother ☐	Father 🔲o	ther		

Parent:	Parent:		
Cell Phone:	Cell Phone:		
Email:	Email:		
Employer's Name:	Employer's Name:		
Work Phone:	Work Phone:		
Big events in your child's life:			
Describe any social, emotional, or physical ne	eeds your child may have:		
Describe any allergies your child has:			
What goals do you have for your child that yo	u hope will be attained at Broad Branch Children's House?		
How did you learn about Broad Branch Childr	ren's House?		
What are you looking for in a school commun	ity?		
Please enclose a \$50.00 non-refundable appl	lication fee with this application.		
Signature of Parent/Guardian			
Upon acceptance, there is a \$5	550.00 non-refundable deposit to secure your child's space.		
OFFICE USE ONLY			
Application Rec'd//	Check #		
Tour/Open House:// Play	Date Scheduled//		