

## Bixby School Application Preschool Program

Please select the next academic year you are applying for:

\_\_2016-17 \_\_\_\_2017-18 \_\_\_\_2018-19 \_\_\_\_2019-20

NOTE: An application fee of \$100 per child\* (non-refundable/payable by check) must accompany this application. Please make your <u>check payable to Bixby School</u>.

| Application Submission Date | Re       | Requested Enrollment Date |      |     |  |
|-----------------------------|----------|---------------------------|------|-----|--|
| Child's Name:               |          |                           |      |     |  |
| First                       | Middle   |                           | Last |     |  |
| Date of Birth///////        |          |                           |      |     |  |
| Parent/Guardian 1:          |          |                           |      |     |  |
| Name:                       |          | _                         |      |     |  |
| First Middle                | <u>.</u> | Last                      |      |     |  |
| Address                     |          | City                      |      | Zip |  |
| Home Phone ()               |          | ll Phone:                 |      |     |  |
| Parent/Guardian 2 :         |          |                           |      |     |  |
| Name:                       |          | _                         |      |     |  |
| First Middle                | 2        | Last                      |      |     |  |
| Address                     |          | City                      |      | Zip |  |

| Home Phone ()                             | Cell Phone: | Cell Phone: |  |  |  |
|---|-------------|-------------|--|--|--|
| Preferred Mailing Address:Parent          | 1Parent 2   | Both        |  |  |  |
| Previous Child Care/Preschool<br>attended |             |             |  |  |  |

## Schedule Preference:

| Schedule                       | Days   |
|--------------------------------|--|
| Preschool Day (9:00-2:30)      | M T W TH FR All (1 <sup>st</sup> Choice)<br>M T W TH FR All (2 <sup>nd</sup> Choice) |
| Full Day (more than 5.5 hours) | M T W TH FR All (1 <sup>st</sup> Choice)<br>M T W TH FR All (2 <sup>nd</sup> Choice) |

## Your child:

Please provide us with a few details regarding your child's social and emotional strengths, challenges and experiences so we can support you and your family appropriately.

How would you best describe your child? (Likes, dislikes, temperament, strengths,

challenges)

Please provide information about your child's social development and experiences. (Other childcare or group experiences, how your child relates to other children and adults).

Please indicate any special interests, expertise, or passion areas you have and/or activities you enjoy with your child:

Does your child have any allergies, dietary restrictions or health conditions that we should be aware of ?

No\_\_\_\_ Yes\_\_\_ Please list:

How did you hear about Bixby School? (Check all that apply)

| Friends/Family (name optional) |                |      |   |   |  |
|--------------------------------|----------------|------|---|---|--|
| Ad in                          | _(publication) |      |   |   |  |
| Website                        |                |      |   |   |  |
| Community event                |                |      |   |   |  |
| Other                          |                |      |   |   |  |
| Signature                      |                | Date | / | / |  |

**\*\*** Upon confirmation of enrollment, a tuition deposit and facilities fees are also due. Please refer to the tuition information on our website or in your Bixby folder for details.

## Please submit in person, mail or fax completed form to:

Bixby School Admissions 4760 Table Mesa Drive, Boulder, CO 80305 Phone: 303/494.7508 Fax: 303/494.7519

www.bixbyschool.org

OFFICE USE ONLY Date of Tour

Date of Enrollment

Date \$100 Application Fee Paid