



BedRock Preschool

A Foundation for Your Child's Future

3220 Arlington Avenue ♦ Riverdale, NY 10463
718.884.0020 ♦ www.BedRockPreschool.com
Email: Info@bedrockpreschool.com

Please attach a family photo (optional, but extremely helpful!)

Application for Admission Date submitted: _____

Full Name of Student _____ **Nickname** _____

Permanent Address _____ Apt. # _____

City _____ State _____ Zip _____

Gender M F Date of Birth (mm/dd/yyyy) _____ Estimated Date of Attendance _____

Is the child a sibling of a current BedRock student? Yes No

Nationality _____ Country of Birth _____

Language(s) Spoken at Home _____

Parent's Status: Married Domestic Partners Separated Divorced Widowed Single

Child lives with: Both Parents Mother Only Father Only Other _____

Mother/Guardian Information _____

Home Address _____ Home Phone _____

Employer _____ Title _____

Business Address _____ Business Phone _____

Email Address _____ Cell Phone _____

Father/Guardian Information _____

Home Address _____ Home Phone _____

Employer _____ Title _____

Business Address _____ Business Phone _____

Email Address _____ Cell Phone _____

Previous/ Current School or Playgroup _____

May we have permission to contact them? Yes No Phone Number _____

Please note any special consideration regarding your child _____

Siblings names, birth dates, schools attending _____

How did you become interested in our school? _____

Programs

Requested Attendance Times (please check those that apply)

- | | | |
|--------------------------|-------------------------|--------------|
| <input type="checkbox"/> | Monday Through Friday | 8:30 to 5:30 |
| <input type="checkbox"/> | Monday Wednesday Friday | 8:30 to 5:30 |
| <input type="checkbox"/> | Tuesday & Thursday | 8:30 to 5:30 |
| <input type="checkbox"/> | Early Drop off | 7:30-8:30am |
| <input type="checkbox"/> | Late Pick up | 5:30-6:30pm |
| <input type="checkbox"/> | Other Special Requests | _____ |

Authorization of Release

The individuals below will be authorized to pick up your child other than yourself. Photo ID must be provided.

Name	Relationship	Home Phone	Work Phone
1			
2			
3			
4			

Medical Information

Doctor's Name: _____

Physician's phone number: _____

Is your child allergic to anything? _____

Does your child have any special needs? _____

Terms and Conditions

Please see separate Tuition & Fee Schedule for the academic year school fees and hours (subject to change.) Places for students will be reserved upon receipt of a non-refundable deposit of \$500. Parents must adhere to our termination notice / policy outlined in the contract.

- I have enclosed:
- Application form
 - Parent/guardian statement and questionnaire (download from website)
 - \$95 application fee (Check # _____, Date: _____)
 - \$500 security deposit (Check # _____, Date: _____)
- * Checks made payable to "BedRock Preschool"

Signature of Parent/Guardian

Date of Application