



# BedRock Preschool

A Foundation for Your Child's Future

3220 Arlington Avenue ♦ Bronx, NY 10463  
718.884.0020 ♦ www.BedRockPreschool.com  
Email: [Info@bedrockpreschool.com](mailto: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 \_\_\_\_\_

### Guardian #1 Information

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Guardian #2 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)
  - \$150 application fee (Check # \_\_\_\_\_, Date: \_\_\_\_\_)
  - \$500 security deposit (Check # \_\_\_\_\_, Date: \_\_\_\_\_)
- \* Checks made payable to "BedRock Preschool"

Signature of Parent/Guardian

Date of Application