



Bridge School

Beginners Preschool Application

Family Information

Child's Name: _____

Child's Date of Birth: _____

Parent / Guardian Name(s): _____

Parent / Guardian Phone Number: _____

Parent / Guardian e-mail: _____

Enrollment Information

Desired # of days (check one): 3 day _____ 5 day _____

Aftercare interest (circle days): M T W TH F

Desired start (check one): April 2019 _____ Summer 2019 _____ Fall 2019 _____

Other (please specify): _____

In a few words, how would you describe your child? _____

What qualities are you seeking, both now and in the future, in an educational experience for your child? _____

Why do you think Bridge School would be a good fit for your child? _____

In what ways would you be willing to participate in the Bridge School community?

What special talents, skills or expertise might you want to share?_____

Is there anything else you would like us to know?_____

Along with your \$25 application fee, please mail to:

Bridge School
1469 Exchange St.
Middlebury, VT 05753

or

e-mail to: beginners@bridgeschoolvermont.org

(802) 388-3498