



## Family/Child Short Application Form

This is the official form to utilize for Application/Registration. Each submission will be reviewed and approved by the Director and/or Registration Team of the BridgeKids PreSchool. If at full student capacity, your child will be added to the waiting-list contingent on the child meeting the criteria as listed in the Handbook/Policy Manual. The Registration Fee is due within **1 week** of notification. The spot is not secure until Registration Fee is paid.

Child's Full/Legal Name: \_\_\_\_\_

Child Goes By: \_\_\_\_\_

Child Date-of-Birth      Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Parent/Legal Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home # (landline, if one): \_\_\_\_\_

Home/Cell # (1) \_\_\_\_\_

Home/Cell # (2) \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## Emergency Contact Information:

Please provide 2 contact names and numbers (other than parents/legal guardians) so that in the event of an emergency we can reach them as necessary.

### Contact #1:

Full Name: \_\_\_\_\_

Home # (landline, if one): \_\_\_\_\_

Cell #: \_\_\_\_\_

### Contact #2:

Full Name: \_\_\_\_\_

Home # (landline, if one): \_\_\_\_\_

Cell #: \_\_\_\_\_

Up to 3 Adults, over the age of 18 years, who are authorized and able to pick-up your child. Please note: *Child will not be released unless their name is on this list.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Healthcare Needs

For any child with healthcare needs, a formal Medical Action Plan will be completed with the Application by the child's parent/legal guardian.

Child's Allergies (and symptoms) along with Type of Response Required for Allergic Reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child Specific Healthcare Needs (please list any concerns, symptoms, and type of response for these healthcare needs):

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Child specific fears/unique behavioral characteristics and responses required:

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List any types of Medications taken for healthcare/behavioral needs:

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Please share any other information that has direct bearing on assuring safe emotional and medical care and treatment for your child:

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Child's Doctor's Name and Contact Information. Please include address, phone #, and any other contact details we should have on file.

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Any other information concerning health/medical/personal information about your child that BridgeKids PreSchool should be aware of?

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**BridgeKids Preschool** is sponsored by **Bridgeway Church of the Nazarene** (aka, Bridgeway Church). We teach and utilize evangelical, Christian, Bible based curriculum, read Biblical stories, have prayer, and celebrate Christian Holidays. Our desire is to provide a Christ centered, safe, and loving environment in which your child can grow and learn. We are grateful that this church had a vision to help the community in this way, and we look forward to sharing in the life of your child.

**Monthly tuition:** Varies. Please see General Information for Rate Schedule.

There is an annual, non-refundable **Registration Fee** of \$150.00 / family

There is an annual **Supply Fee** of \$50.00 / family.

Tuition is due in advance by the last business day of the month prior to the next month. A late fee will apply.

**Schedule and Payment Information:**

We offer 5 days, each week, from 7:30 am – 5:30 pm/Full and Part Time. Our schedule will follow the Carteret County School System and a copy of the BridgeKids Preschool Calendar will be made available to each registrant.

Please indicate how you will pay the \$150.00 Registration Fee. Your child's spot is not secure until full payment of this \$150.00 is made.

- Pay in person, by check, at Bridgeway Church  
Please write: BridgeKids Preschool Registration Fee (on Memo Line)
  
- Pay in cash.  
A receipt will be given to you at time of payment
  
- On the Bridgeway website or App  
Please be sure to click on the BridgeKids Category, and state in the Line or Memo Field: BridgeKids PreSchool Registration Fee

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**Thank you** for Registering your child in **BridgeKids PreSchool** and for completing this Registration Application in its entirety.

We are delighted to provide this very critical, essential ministry for this community and look forward to working with you and your family. Many blessings.

\_\_\_\_\_  
Printed Name (Parent/Legal Guadian)

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature

**For BridgeKids PreSchool only:**

\_\_\_\_\_  
Director/Other, Signature

\_\_\_\_\_  
Date Received

Check all that apply:

Application Complete    Application Fee Paid    Accepted    Waiting List