

Bridges to Kinder Application Form

1000 High St. Santa Cruz, CA 95060

You must fill out a separate application for each child applying to Bridges to Kinder.

Student Name _____

Male _____ Female _____

Date of Birth _____

I am requesting that my child be placed on the waitlist for :

_____Preschool Fall of 20_____ (year) *student must be age 3 by September 1st of the year for which they are applying to preschool

_____Pre-K Fall of 20_____ (year) *student must be age 4 by September 1st of the year for which they are applying to pre-k

Yes No Keep my child on the waitlist for PreK / Preschool of Fall 20_____ if they are not admitted this year

***All students must be potty trained before their first day attending Bridges to Kinder**

Primary Contact: Parent/Guardian _____ Living with student? Y N

Street _____ City _____

Zip Code _____ Home Phone _____ Work Phone _____

Cell Phone _____ E-mail: _____

Secondary Contact: Parent/Guardian _____ Living with student? Y N

Street _____ City _____

Zip Code _____ Home Phone _____ Work Phone _____

Cell Phone _____ E-mail: _____

Current School (if applicable) _____ Has your child ever been asked to leave a preschool program? _____ If yes, please explain _____

Is anyone else in your family currently applying for Bridges to Kinder? If yes, please note your siblings name and birthdate. _____

Is anyone in your family an alumni of Bridges to Kinder? _____ If yes, what year? _____

Did anyone in your family ever serve on the board to Bridges to Kinder? _____

If yes, what year? _____

For office use: *This must be completed by Bridges to Kinder Staff or Board Members*

Date received _____ Time received _____ Received by _____