

BURLINGTON EARLY CHILDHOOD CENTER

Please indicate your program choice by numbering your selections in order of preference. Your 1st choice is not guaranteed due to the high number of registrations received. A lottery is done for placement.

- _____ 3-DAY AM (8:10-11:10 T-Th)
 - _____ 4-DAY PM (12:10- 2:10 M-Th)
 - _____ 5 Day AM (8:10-11:10 M-F)
 - _____ PreK* (8:10-12:10 M-Th and 8:10-11:10 Friday)
- *Must be entering Kindergarten 2019

Child's Name _____ Nickname: _____

Please include LAST, FIRST, and FULL MIDDLE Name (no initials please)

Birth Date _____ Place of Birth _____ Age _____ Male or Female _____
Home Address _____ Telephone No. _____

Name of Parent/Guardian _____ Telephone No. _____
Home Address _____

Name of Parent/Guardian _____ Telephone No. _____
Home Address _____

Name, age, and gender of other children in household _____

Child's previous group experiences (play group, nursery school, etc.)

Please describe briefly your child's special characteristics and interests. Are there any facts about the family situation or child's development which you feel would be helpful to the school in considering this application? (If necessary, please use the back of this application to continue your response.)

Please describe briefly your reasons for enrolling your child in preschool. What would you like to see happen for your child in preschool this year? (If necessary, please use the back to continue your response.)

Does your child have any food allergies and/or medical conditions we should know about? _____
If yes, please explain: _____

Parent's Signature _____ Date _____

A \$35.00 non-refundable application fee is due with this application . CHECKS should be made payable to BECC. Return application to Early Childhood Program.

For Office Use Only

Date Received _____ Check Number _____

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Date Received _____ Check Number _____