



Today's Date: \_\_\_/\_\_\_/\_\_\_

# Registration Form

## The Brunswick School Application Form for New Students

Please check the box to indicate the program your child is applying for:  
(All children must be the age listed by OCTOBER 1st of the current school year, 2015)

- Infants (6 months to 13 months)
- Young Toddler (13 Months to 2 ½ years)
- Toddler (2 ½ - 3 years [unless not potty-trained--than up to 3 ½])
- Preschool (3 years - 4 years [Must be potty trained])
- Pre-Kindergarten (4 years - 5 years)
- Kindergarten (5 years - 6 years)

Student's Full Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Gender: M F Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your child potty-trained? (circle one) YES LEARNING NO

# 1 Parent's Name: \_\_\_\_\_ Cell # \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Location: \_\_\_\_\_ Work # \_\_\_\_\_  
Email (required): \_\_\_\_\_

# 2 Parent's Name: \_\_\_\_\_ Cell # \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Work Location: \_\_\_\_\_ Work # \_\_\_\_\_  
Email (required): \_\_\_\_\_

How did you hear about The Brunswick School? \_\_\_\_\_

Anticipated starting date? \_\_\_\_\_ Anticipated Schedule?: Half Full \_\_\_ Days M T W Th F

Registration Fee included with form: Yes No

Method of payment: Check# \_\_\_\_\_ OR Money Order