



Bridgepoint Preschool
Registration Form 2024-2025

Child's Name _____ Prefers to be called: _____

Gender: _____ Birthdate (m/d/y) _____ Phone _____

Address _____ City _____ Zip _____

Father's Name _____ Occupation _____ Phone _____

Father's email _____ Cell Phone _____

Mother's Name _____ Occupation _____ Phone _____

Mother's email _____ Cell Phone _____

Household Members:

mother father grandparent's name _____

brother's names & age _____

sister's names & age _____

others (names/relationship) _____ pets (type/names) _____

Church Membership:

mother _____ father _____

Have you had your child enrolled in this school previously? yes no

Emergency contact:

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Phone _____

About the Child

Special interests, activities _____

Former playground/school experience _____ Sunday School? yes no

Difficulty with speech? yes no hearing? yes no vision? yes no

Other physical problems? _____ allergies? _____

Specific fears? _____

Please tell us anything else you may think might help us to know your child better, become friends more quickly, and help him/her have a happy, learning, growing time at school _____



I hereby register my child in the Bridgepoint Preschool for the 2024-2025 school year and enclose the registration fee of \$200 (Returning Students), \$300 (New Enrollments). *Please make check payable to Bridgepoint Preschool.* Registration fee is NOT refundable. I understand I am registering for the entire school year and my child’s tuition is divided in to nine equal monthly payments as listed below. The first payment is due June 1, 2024 (non-refundable). The second payment is due September 1, 2024 (non-refundable).

Please check one:	New Enrollment:	All classes meet 8:45-11:45 a.m.
<input type="radio"/> 4 yr old class	4 days, Mon-Thurs	\$476 per month
<input type="radio"/> 3 yr old class	3 days, Mon/Wed/Fri	\$420 per month
<input type="radio"/> 3 yr old class	2 days, Tues/Thurs	\$350 per month
<input type="radio"/> 2 yr old class	2 days, Mon/Wed	\$350 per month
<input type="radio"/> 2 yr old class	2 days, Tues/Thurs	\$350 per month
<input type="radio"/> Toddlers	2 days, Mon/Wed	\$400 per month
<input type="radio"/> Toddlers	2 days, Tues/Thurs	\$400 per month

LEGACY STUDENT ENROLLMENT

I am a previously enrolled “Legacy Student”. Discounted rate for Clairmont Presbyterian Kindergarten **re-enrollments** only.

Please check one:	Legacy Enrollment:	All classes meet 8:45-11:45 a.m.
<input type="radio"/> 4 yr old class	4 days, Mon-Thurs	\$436 per month
<input type="radio"/> 3 yr old class	3 days, Mon/Wed/Fri	\$377 per month
<input type="radio"/> 3 yr old class	2 days, Tues/Thurs	\$320 per month
<input type="radio"/> 2 yr old class	2 days, Mon/Wed	\$320 per month
<input type="radio"/> 2 yr old class	2 days, Tues/Thurs	\$320 per month
<input type="radio"/> Toddlers	2 days, Mon/Wed	\$350 per month
<input type="radio"/> Toddlers	2 days, Tues/Thurs	\$350 per month

Signature: _____ Date: _____



Carpool Information
2024-2025 Bridgepoint Preschool Registration
Form

Children in your carpool:

Name	Class:	Toddler	2 yr	3 yr	4 yr
_____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Give any special transportation arrangements and names of people who are allowed to pick up your child other than yourself.

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Permission for Emergency Medical Care

I grant permission to Bridgepoint Preschool staff to take whatever emergency measures are necessary for the care and protection of my child while under the supervision of the program.

In case my child becomes injured or ill, I understand the following emergency contact will be made:
Please list any names and phone numbers you wish us to contact.

Name	Phone
_____	_____
_____	_____

I grant permission for the staff to administer Children's Tylenol to my child (dosage according to the child's age or weight) in the case of high fever if the parent cannot be reached to immediately pick up the child.

Please list any medical information we should know about your child, i.e. allergies, medical conditions, etc.

I hereby authorize Bridgepoint Preschool to act on my behalf in case of emergency.

Name of Child: _____

Child's Physician: _____ Phone: _____

Parent's signature: _____ Date: _____