



Bridgepoint Preschool  
Registration Form 2025-2026

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 \_\_\_\_\_

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 2025-2026 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, 2025 (non-refundable). The second payment is due September 1, 2025 (non-refundable).

<b>Please check one:</b>	<b>New Enrollment:</b>	<b>All classes meet 8:45-11:45 a.m.</b>
<input type="radio"/> 5 yr old class	5 days, Mon-Fri	\$526 month (+1x75.00 Book Fee)
<input type="radio"/> 4 yr old class	4 days, Mon-Thurs	\$476 month
<input type="radio"/> 3 yr old class	3 days, Mon/Wed/Fri	\$420 month
<input type="radio"/> 3 yr old class	2 days, Tues/Thurs	\$350 month
<input type="radio"/> 2 yr old class	2 days, Mon/Wed	\$350 month
<input type="radio"/> 2 yr old class	2 days, Tues/Thurs	\$350 month
<input type="radio"/> Toddlers	2 days, Mon/Wed	\$400 month
<input type="radio"/> Toddlers	2 days, Tues/Thurs	\$400 month

**LEGACY STUDENT ENROLLMENT**

I am a previously enrolled "Legacy Student". Discounted rate for Clairmont Presbyterian Kindergarten re-enrollments only. (i.e. Enrolled with Clairmont Presbyterian Kindergarten prior to 2024)

<b>Please check one:</b>	<b>Legacy Enrollment:</b>	<b>All classes meet 8:45-11:45 a.m.</b>
<input type="radio"/> 5 yr old class	5 days, Mon-Fri	\$486 month (+1x 75.00 Book Fee)
<input type="radio"/> 4 yr old class	4 days, Mon-Thurs	\$436 month
<input type="radio"/> 3 yr old class	3 days, Mon/Wed/Fri	\$377 month
<input type="radio"/> 3 yr old class	2 days, Tues/Thurs 2	\$320 month
<input type="radio"/> 2 yr old class	days, Mon/Wed	\$320 month
<input type="radio"/> 2 yr old class	2 days, Tues/Thurs 2	\$320 month
<input type="radio"/> Toddlers	days, Mon/Wed	\$350 month
<input type="radio"/> Toddlers	2 days, Tues/Thurs	\$350 month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Carpool Information 2025-2026 Bridgepoint Preschool Registration Form

Children in your carpool:

Name	Class:	Toddler	2 yr	3 yr	4 yr	5yr
_____		<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"/>	<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.

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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: \_\_\_\_\_