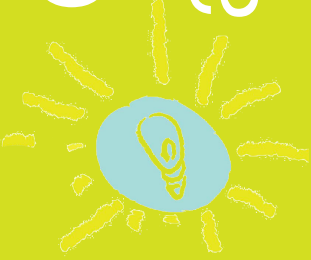


enrollment application



BAMBINI CREATIVI

Enrollment Application

2024-2025

Child's Full Name: _____

Child's Classroom: **Piccolo (preschool-2.5-3.5yrs)** **Medio (pre-k- 3.5-4yrs)** **Grande (transitional-k- 4-5yrs)**
Curiosi (K- 1st) **Cercatori (2nd-3rd)** **Creativi (4th-5th)** Please circle selection.

* Classroom assignments are subject to change based on enrollment.

Program Schedule: **2 3 5 (HALF or FULL)** Please circle selection.

Grande Curiosi 5 Full or 5 Half ONLY. Elementary Program 5 Full days ONLY.

Child's Start Date: _____ / _____ / _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ DOB: _____ / _____ / _____ Birthplace: _____

Citizenship: _____ Is your child bilingual? yes no

If so, what language(s)? _____

Present School Information

Present School: _____

School Address: _____

School Telephone: _____

Notes:

Attach Child's
Photo Here

Applicant's Parent/ Legal Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Employer: _____

Occupation/Position: _____

Work Phone: _____

Work Address: _____

Email: _____

Applicant's Parent/ Legal Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Home Address: (mark same if same) _____

Employer: _____

Occupation/Position: _____

Work Phone: _____

Work Address: _____

Email: _____