

Broad Branch Children's House  
Application for Admission



Child's Name: \_\_\_\_\_

Child's Common/Nickname: \_\_\_\_\_ Sex: Male  Female

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Desired Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Check Programs Desired:**

\_\_\_\_ **Toddler Program (ages 2-3)** OR \_\_\_\_ **Primary Program (ages 3-6)**

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\_\_\_\_ **Ten Month Montessori Program** OR \_\_\_\_ **Twelve Month Montessori Program**

\_\_\_\_ Half Day Morning 9:00 am - 12:15 pm  
\_\_\_\_ School Day 9:00 am - 3:00 pm

\_\_\_\_ Twelve Month Program 8:10 am - 5:50 pm

and:

\_\_\_\_ Before Care 8:10 am - 9:00 am  
\_\_\_\_ After Care\* 3:00 pm - 5:50 pm

In the event that the 12-month program is full, we are interested in the 10-month program:

**\*After care priority is given to children in the 12-month program**

\_\_\_\_ YES  
\_\_\_\_ NO

Is your child completely toilet trained?  Yes  No  
Is your child a sibling of a previous BBCH student?  Yes  No  
Has your child previously attended a Montessori school?  Yes  No  
Has your child previously attended traditional childcare?  Yes  No

Legal guardians of child: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Family status:  Married  Partnered  Separated  Divorced  Single

Custody Matters:  Joint  Mother  Father  Other \_\_\_\_\_

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

.....

Big events in your child's life: \_\_\_\_\_

Describe any social, emotional, or physical needs your child may have: \_\_\_\_\_

Describe any allergies your child has: \_\_\_\_\_

What goals do you have for your child that you hope will be attained at Broad Branch Children's House?

How did you learn about Broad Branch Children's House? \_\_\_\_\_

Why did you choose Broad Branch Children's House for your child? \_\_\_\_\_

*Please enclose a \$50.00 non-refundable application fee with this application.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

*\*Upon acceptance, there is a \$550.00 non-refundable deposit to secure your child's space.\**

OFFICE USE ONLY

Application Rec'd \_\_\_/\_\_\_/\_\_\_

Check # \_\_\_\_\_

Tour/Open House: \_\_\_/\_\_\_/\_\_\_

Play Date Scheduled \_\_\_/\_\_\_/\_\_\_