



PARENT/TODDLER PROGRAM APPLICATION

\$80.00 Fee is required – NON APPLICABLE, NON REFUNDABLE

Children are admitted on a non-discriminatory basis. Students of any race, religion, national and ethnic origin are accepted. Waiting list applications are reviewed on first come first serve basis with priority enrollment given to:

- 1) Active Members of Brentwood Presbyterian Church 2) Siblings of currently enrolled students 3) Date of Application

Child's Name _____ Sex _____ Today's Date _____

Name used at home _____ Child's Birthday _____

Address _____

(Indicate street address including apt. # if applicable and city and zip code)

Parent's Name _____ Occupation _____

Cell Phone _____ E-mail address _____

Parent's Name _____ Occupation _____

Cell Phone _____ E-mail address _____

Are you a member of Brentwood Presbyterian Church? YES / NO

Is this child a sibling of a BPCP student? YES / NO Sibling's name and age? _____

This program is offered Tuesday through Friday 9 a.m. to 11 a.m.

This program is designed for parent/toddler participation. It is our policy that domestic employees such as nannies or housekeepers may not attend the program with any child, neither are siblings permitted to attend the program. ONLY the child who is enrolled may attend and ONLY on the actual day of enrollment. Once each semester a family member such as a grandparent, aunt or uncle may attend the program with the child. All other weeks of attendance a parent MUST accompany the child.

Fees for 2023-2024
\$2,280 Annual Tuition

Fees must be paid in full before the program begins. There is no refund or credit for holidays, vacations, illness absence or withdrawal from the program. Makeup days are not permitted.

Please note this form is ONLY to get your child on our WAITING LIST. It is not an Enrollment Application and a space cannot be guaranteed. You will be contacted when we have available space and your name comes up on the list.

I have read the above information and enclosed the \$80 application fee.

Parent Signature: _____ Date: _____

Office Use:			
_____	_____	_____	_____
Date rcvd	Check	Amount	Tour Date: