Bertrand Community Preschool Application

Student Information

- First Name: _____
- Middle Name: _____
- Last Name: _____
- Sex: ☐ Male ☐ Female
- Ethnicity: ☐ White ☐ Hispanic/Latino ☐ Black/African American ☐ Asian ☐ Native American ☐ Pacific Islander ☐ Other: _____
- Resident School District: _____
- Social Security Number: _____

Address Information

- Street Address: _____
- P.O. Box: _____
- City: _____
- State: _____ Zip Code: _____

Parent/Guardian Contact Information

Mother/Guardian - Name: _____

- Home Phone: _____ - Cell Phone: _____

- Email Address: _____

- Address (if different from child): _____

-Employer:_____

Father/Guardian - Name: _____

- Home Phone: _____ - Cell Phone: _____

- Email Address: _____

- Address (if different from child): _____

-Employer:_____

Siblings

- Name: _____ Date of Birth: _____
- Name: _____ Date of Birth: _____
- Name: _____ Date of Birth: _____
- Name:_____ Date of Birth: _____

Emergency Contacts & Pickup Authorization

(Individuals who have permission to pick up your child)

- Name: _____ Phone Number:_____

  Relationship: _____

- Name: _____ Phone Number: _____

  Relationship: _____

- Name: _____ Phone Number:_____

  Relationship: _____

- Name: _____ Phone Number: _____

  Relationship: _____

Signature

I certify that the information provided is accurate and complete.

Parent/Guardian Signature: _____

Date: _____

Office Use Only - Date Received: _____ - Enrollment Status: ☐ Accepted ☐ Waitlisted ☐ Denied - Notes: _____