



PLAYGROUP APPLICATION
2018-2019 School Year

Child's Last Name

Child's First Name

Child's Middle Name

Female

Nick Name

Birth Date

Male

Mother's Full Name (Last, First, Middle Initial)

Father's Full Name (Last, First, Middle Initial)

Street Address

City

State, Zip Code

Primary Phone Number

Secondary Phone Number

Email Address(es)

School District

Township

Please indicate your family status:

New Brandywine School Family

Current Brandywine School Family

Alumni

Please indicate your child's status:

Returning Student

First-Time Student *requires **non-refundable** 1st month's tuition payment with application + registration fee

PLAYGROUP CLASS OPTION:

2-Day Program: Tuesday/Thursday

9:00AM – 11:15AM

\$200/month

Enclosed is my non-refundable \$60.00 per family registration fee. *If my child is a new student, my **non-refundable** 1st month's tuition payment (\$200) is also included.

Signature

Date

\$ _____
Total Amount Enclosed

@BSEL_____