



PLAYGROUP APPLICATION
2019-2020 School Year

Child's Last Name	Child's First Name	Child's Middle Name
Nick Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> 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 \$205/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 is also included. **Don't forget to apply 10% sibling discount if applicable.**

Signature _____	Date _____	\$ _____ Total Amount Enclosed
		@BSEL_____