



Application for School Year 2019-2020

Date: _____

Alumni: Yes _____ No _____

Child's Name: _____

Birthdate: _____

Gender: Female _____ Male _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Parent(s) /Guardian(s) Name: _____

Address (if different from above): _____

Status of Parents: One Parent: _____ Two Parents: _____

Other situation (describe): _____

List any siblings also enrolling next year: _____

Preferred days (please rank in order of preference, indicating a 0 where you will not accept that schedule)

A 2-day schedule is encouraged for children less than 4 years of age at the beginning of the school year who will not be attending kindergarten the following year. The consent of the teachers and parent board are required to exceed a three-day schedule for children under age 4. We will work to meet your requested days but may need to make changes based on availability.

_____ 2 days a week (M/T)

_____ 3 days a week (W/Th/F)

_____ 5 days a week (M/Tu/W/Th/F)

Please tell us how you heard about us: _____

Please mail this form and a \$50.00 application fee, made payable to BPCP, to the following address:

BPCP Attn: Membership
2730 East 31st Street
Minneapolis, MN 55406

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