For Office Use Only
Accepted _____
Enrolled _____
Declined _____

Brooklyn Free Space Cooperative Pre-School

298 Sixth Avenue, Brooklyn, New York 11215
718. 965. 3135 • www.brooklynfreespace.org

For Office Use Only
Rec'd Date _____
Pd-Check# _____
Wait List # _____
Input to list? _____

APPLICATION FOR MEMBERSHIP for the 2008–2009 School Year

Child's name _____ _____ _____
First M.I. Last

Age **next September 30th** _____

Birth date _____ Sex _____ BFS Sibling? _____

Address (including zip code) _____

_____

	Parent/Guardian 1	Parent/Guardian 2
Name	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____
E-Mail	_____	_____

Does your child have any serious medical condition that we should be aware of?

[ ] NO [ ] YES Specify _____

_____

If English is a second language, primary language is: _____

[ ] I want to enroll my child for a full day. (9 am-3 pm)
[ ] My child is age-eligible for Jitterbug or Dragonfly (2.5 - 3.8), and I want to enroll him/her for half-day. (9 -12:30)
[ ] I prefer half day but would accept a full day slot if that's all that is available.

ALL APPLICANTS, ARE YOU INTERESTED IN…
Early Bird (Monday-Friday, 8-9 am) [ ] YES [ ] NO
After School (Monday-Friday, 3-6 pm) [ ] YES [ ] NO
(Please note: Your estimate is not binding, and will have no influence on the admissions process.)

Signature(s) _____ _____

Date _____

PLEASE RETURN THIS FORM with a $35 nonrefundable application fee (check or money order only) to the address above. The fee is waived for siblings of current or former students.