

BCC Nursery School



4700 Norwood Drive | Chevy Chase, Maryland 20815 | (301) 986-0677 www.bccnurseryschool.org | hr@bccnurseryschool.org

APPLICATION - SCHOOL YEAR 2024-2025

ENROLLMENT TYPE

| CHOOSE ONE: | Caterpillars (2-3 year old) | Butterflies (4-5 year old) |
|----------------|-----------------------------|----------------------------|
| | | |
| CHOOSE ONE: | 3 mornings per week | Preferred days: |
| | 4 mornings per week | Preferred days: |
| | 5 mornings per week | |
| AFTERCARE: | Yes | No |
| | | |
| CHOOSE ONE: | Соор | Buy-Out |
| | | |
| I PLAN TO PAY: | Monthly | Quarterly |

FAMILY INFORMATION

| CHILD | |
|----------------|--|
| Full Name: | |
| Date of Birth: | |
| Gender: | |
| ADDRESS | |
| Street: | |
| Town: | |
| State: | |
| Zip: | |
| PARENT 1 | |
| Name: | |
| Email: | |
| Phone (cell): | |
| (home): | |
| (work): | |
| PARENT 2 | |
| Name: | |
| Email: | |
| Phone (cell): | |
| (home): | |
| (work): | |

| SIBLINGS | | | | | | | | | |
|--|---------|---------|---------------|------------|-----|----|---|-----|------|
| Name & DOB: | | | | | | | | | |
| Name & DOB: | | | | | | | | | |
| Name & DOB: | | | | | | | | | |
| Alumni Fam | ily? | Yes | | | N | lo | | | |
| HOW DID YO | OU HEAR | ABOUT | BCC NUI | RSERY SCH | OOL | ? | | | |
| | | | | | | | | | |
| NAME OF CURRENT OR PREVIOUSLY ATTENDED PRESCHOOLS/DAYCARES | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| REASONS F | OR WAN | TING TO | <u>ENROLL</u> | . IN NPP | | | | | |
| | | | | | | | | | |
| | | | | | | | 1 | | |
| DOES YOUR | STUDE | NT NEED | SPECIA | L NEEDS/IE | P? | | | Yes | No |
| | | | | | | | | | |

AFTERNOON ENRICHMENT (AFTERCARE)

(additional fee - refer to aftercare application)

The afternoon enrichment program is available to all children that are potty trained and is held every day from noon to 2:30pm. Children bring lunch and eat with their friends, and then participate in a variety of activities.

| I would like my child to participate in the afternoon enrichment program 2 days a week. | | | | | |
|---|--|--|--|--|--|
| I would like my child to participate in the afternoon enrichment program 3 days a week. | | | | | |
| I would like my child to participate in the afternoon enrichment program 4 days a week. | | | | | |
| I would like my child to participate in the afternoon enrichment program 5 days a week. | | | | | |
| | | | | | |
| | | | | | |
| I am not interested in the afternoon enrichment program. | | | | | |
| | | | | | |

| PARENT SIGNATURE: | |
|-------------------|--|
| | |
| DATE: | |

APPLICATION PROCESS:

- 1) Please ensure that all parts of this application are completed.
- 2) Email it back to hr@bccnurseryschool.org as a PDF document.
- 3) A non-refundable \$150 application fee (An invoice via QuickBooks will be emailed)
- 4) You will receive an email confirmation from hr@bccnurseryschool.org that your application is processed.