



**BUCKLE My SHOE**

NURSERY SCHOOL

Est. 1981

Select Location:

230 W 13<sup>th</sup> St

40 Worth St

### TOUR REGISTRATION and APPLICATION FORM

Date: \_\_\_\_\_

Child's Full Name (First/Middle/Last): \_\_\_\_\_

Gender:  Male  Female

Is this your child's first time in school?  Yes  No

Child's Date of Birth (Month/Day/Year): \_\_\_\_\_

Start Date: \_\_\_\_\_ Child's Age at Start Date: \_\_\_\_\_

#### PARENT INFORMATION:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear about Buckle My Shoe? \_\_\_\_\_

Why did you decide to apply to BMS? \_\_\_\_\_

#### DESIRED SCHEDULE First Preference:

ENRICHMENT (Select days):  M, W, F  T, Th  Full Week

(Select time):  AM  PM  3 hour  5 hour

EXTENDED PROGRAM:  2 days  3 days  Full week

#### Second Preference:

ENRICHMENT (Select days):  M, W, F  T, Th  Full Week

(Select time):  AM  PM  3 hour  5 hour

EXTENDED PROGRAM:  2 days  3 days  Full week

**A \$ 100 non-refundable fee is required with your application.**

**Applications are pending until fee is paid. The fee will be applied to insurance if enrolled.**

**Paid applications will be processed in the order received.**