



BUCKLE My SHOE

NURSERY SCHOOL

Est. 1981

Select Location:

230 W 13th 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.