



8489 Madison Avenue NE * Bainbridge Island, Washington 98110-2999 * (206) 842-4714 * Fax: (206) 842-2928

Application for Early Entrance

Child's Full Legal Name _____

Child's Birth Date (mo./day/year) _____ Child's Age _____ Gender: M / F

Parent/Guardian Name(s) _____

Primary Residence Address _____

Primary Contact Phone _____ Secondary Phone _____

Name and Age of Siblings and, if in school, Name of Current School

If your child is currently attending a preschool program or has a daycare provider, please list name(s) and phone number(s). We may contact this provider for information.

Please list all previous schools or group programs (e.g. preschools, private schools, religious youth programs, daycare, etc.) that your child has attended and the dates (mo./year) of attendance. We may contact one or more of these providers.

Parent/Guardian Signature _____ Date _____