Application date



<u>Train Station Enrollment Application 2023/2024</u>

	e: Gender: Male / Female
	Phone number
Address (if different)	
email address	
Occupation	Work number
Place of employment	
Mother's Name	Phone number
Address (if different)	
email address	
Occupation	Work number
Place of employment	
Sibling name	Age & Grade
Sibling name	Age & Grade
Sibling name	Age & Grade
Desired Schedule: Mon Tue Wed Thu F	Fri Drop off time: Pick up time:
Desired Start Date:	Do you want your child to nap? Yes / No
•	t, are you in the process of toilet training? Yes / No

Pediatrician's Name		Phone number		
Pediatrician full address				
Emergency numbers (including	g parents, in order ot priori	ty)		
Name	Phone	Relationship		
Name	Phone	Relationship		
Name	Phone	Relationship		
Name	Phone	Relationship		
Does your child have any eating restrictions and/or allergies? Yes / No If yes, please list:				
Does your child have any fears	s of which we should be a	ware? (animals, storms, etc.) Yes / No		
If yes, please list:				
		or emotional issues of which we		
should be aware? Yes / No If yes, please list:				
Tell us more about your child: _				
		ee / Internet search / Social Media		
Family or friends	/ Ot	her		

***Please return this application as a PDF attachment to mcarter@brightmoorcc.org
A link for payment of the \$200.00 non-refundable Enrollment Fee will be sent to your email(s)
and is due within five business days of the email date to complete the application process.