



Bowling Green Schools
"Preschool Peer Program"
Application 2017-2018 School Year

Child's Name (first, middle, last)		
Child's Address:	Child's Ethnicity : <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Black/African American (non-Hispanic) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White (non-Hispanic)	
Child's Gender (circle one) Male Female	Date of Birth:	Birth Place City:
Home Phone:	Daytime Phone:	
Mother's Name:	Father's Name:	

Please indicate your preference:

Session: Please understand that these are only preferences and not a guarantee of assignment or time. Times subject to change.

_____ A.M. (9:00-11:30, Monday thru Thursday)
 _____ P.M. (12:30-3:00, Monday thru Thursday)

Please read the following statements and initial your agreement on each line.

Transportation:

_____ I agree that I will provide transportation to and from school.
 Children are not permitted to arrive early or stay late.

Program Fees:

_____ I agree to pay \$6.25 per day and make payments by the 1st day of every month or I will forfeit my child's participation in the program.
 _____ I acknowledge that adjustments to the May invoice will be made for school cancellations if payment for the school year is up-to-date.
 There is no reimbursement for student absences.

Forms:

_____ I agree to submit all required forms, including medical forms signed by a licensed physician, by the designated date or I will forfeit my child's participation in the program.

Parent Signature: _____

Date: _____