

Application Fee: Date Received:

Picture included:

Open House:

Play date: Start date:

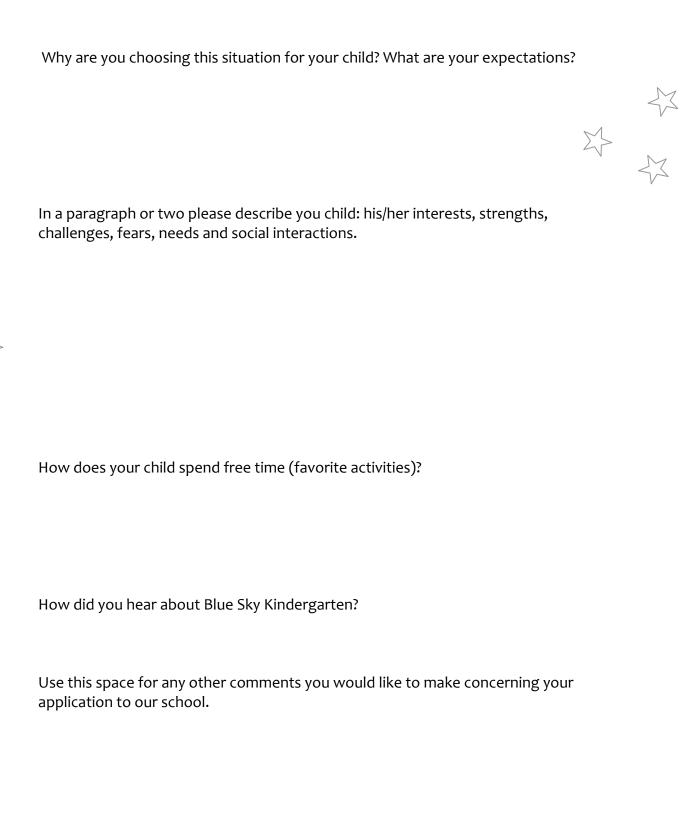
## Blue Sky Kindergarten Application

3046 11<sup>th</sup> Street Boulder, CO 80304 303-443-4965

blueskykindergarten@gmail.com	4
Please complete and return as soon as possible with a \$50 application fee.  Date of application  Desired start date	_
Program/s you are interested in:	
Fall Enrollment:3-Day Program4-Day Program4-Day Program5-Day ProgramAftercareSummer Camp	
Child's full name:	
Date of birth:	$\swarrow$
Parent or Guardian #1 name: Occupation: Home Address: Phone: (home) Phone: (work) Phone: (cell/pager)	₩ ₩
E-mail address  Parent or Guardian #2 name:  Occupation:  Home Address:  Phone: (home)  Phone: (work)  Phone: (cell/pager)  E-mail address	
Name and ages of siblings:	

Previous schools your child has attended:





\*Please include a photo of your family with your application, or send by email.

Thank you for applying to Blue Sky Kindergarten.

