



For office use only:	
Last Name:	_____
Child's Birthday:	_____
Application Fee:	_____
Date Received:	_____
Picture included:	_____
Open House:	_____
Play date:	_____
Start date:	_____

Blue Sky Kindergarten Application

3046 11th Street
Boulder, CO 80304
303-443-9098
blueskykindergarten@gmail.com

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: Four Day Program

Child's full name:

Date of birth:

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:



Why are you choosing this situation for your child? What are your expectations?



In a paragraph or two please describe you child: his/her interests, strengths, challenges, fears, needs and social interactions.



How does your child spend free time (favorite activities)?

How did you hear about Blue Sky Kindergarten?

Use this space for any other comments you would like to make concerning your application to our school.

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

Thank you for applying to Blue Sky Kindergarten.

