

The Learning Workshop

13970 Toad HOLLER PLace NE BainBRidge iSLand WA 98110

Application for Admission

Thank you for your interest in The Learning Workshop. Please fill out both sides of this application, attach the non-refundable \$35.00 application fee and return your application to The Learning Workshop. You will be contacted to set up your child's visit and a conference.

Child's Name _____

Birthdate _____

Age _____

Sex _____

Applying for:

Circle Days Preferred

	2 Beginner M&Th 9:00-11:00	
	2 part (a.m.) 8:20-11:30	M T W TH
	3 part (a.m.) “	M T W TH
	4 part (a.m.) “	M T W TH F*
	5 part (a.m.) “	
	2 part (p.m.) 12:30-3:00	M T W TH
	3 part (p.m.) “	M T W TH
	4 part (p.m.) “	M T W TH F*
	1 part + 2 full	M T W TH
	2 part + 1 full	M T W TH
	3 part + 1 full	M T W TH F*
	2 part + 2 full	M T W TH F*
	1 part + 3 full	M T W TH F*
	1 part + 4 full*	
	2 part + 3 full*	
	3 part + 2 full*	
	4 part + 1 full*	
	2 full	M T W TH
	3 full	M T W TH
	4 full	M T W TH F*
	5 full*	
	After care	M T W TH

Only kindergartners may enroll on Fridays. Kindergartners may enroll any other days as well. There is no after care on Fridays.

Parents' Names _____

Complete Home Address _____

Home Phone _____

Work Phone _____

e-mail address _____

How did you hear of The Learning Workshop?

Briefly describe your child's previous school experience. Please list previous childcare and/or preschool references. Include contact names and phone numbers.

Why do you feel that The Learning Workshop may be the right place for your child?

What are your ideals for your child's education? What would you like your child to gain from attending The Learning Workshop? What characteristics of your child do you hope will be encouraged?

What are your plans for your child's education after one year at The Learning Workshop?