

## BKPlay Academy Application for Admission

www.bkplay.org T: 425.633.2477 email: info@bkplay.org

Child's Name	Birthday	Age
Address		Zip Code
Home Number		
Mother's Name		
Work Phone#	Cell #	
	Email	
Work Phone#	Cell #	
Are you currently enrolled at BKPlay	y?Do you have a sik	ling enrolled at BKPlay?
I am applying for (Please check the a	appropriate box) Intended	enrollment date is//
	4 hours	6 hours
Preschool		N/A
Kindergarten – 5th grade	N/A	
5) Transcripts or standardize For those who do not take	ble er Intelligence Test, Stanforded ed test reports not required at the IQ test at BKPlay, we v	· • • • • • • • • • • • • • • • • • • •
hospital or doctor in the event of medical emergency procedures need the payment of the services rendered a 501c3 non-profit organization, not may arise or result directly from any	an emergency. I also author cessary on my child. I understed. As the person responsible tilable for any physical injury, y activity or class in which my ge or other consequences. It	authorize BK Play to send my child to the ize the treating physician to perform all and and agree to be fully responsible for for the above named child, I hold BK Play, loss, damage or other consequences that child may participate. I hereby assume all understand that I am responsible to have.
Print Your Name		
Parent Signature		Date

BK Play Academy for Gifted Children does not discriminate on the basis of race, ethnicity, national origin,

religion, or family structure in admissions.