

# Boca Grande Preschool

250 Park Ave / P.O. Box 1386  
Boca Grande, FL 33921  
941-964-2885

## Application for Waiting List / Re-enrollment

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Boy  Girl BGP Student returning?  Yes  No

Name Mother/Guardian: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

List siblings who live with child: \_\_\_\_\_ Age: \_\_\_\_\_ Attends BGP?  Yes  No

\_\_\_\_\_ Age: \_\_\_\_\_ Attends BGP?  Yes  No

\_\_\_\_\_ Age: \_\_\_\_\_ Attends BGP?  Yes  No

Mother's Email Address: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

**Wait List Registration requires On-Island Employment Verification for parents.** At least one parent must live or work on Gasparilla Island/Boca Grande to be eligible for application/enrollment. Every year, A non-refundable application fee of \$25 is required, by our annual enrollment deadline of January 1<sup>st</sup>.

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### Current Students only:

Student will re-enroll for the upcoming school year (Fall)?  Yes  No

If yes, your student will be placed in the appropriate classroom for the upcoming school year

If no, please provide the date that your child will be withdrawn from BGP. \_\_\_\_\_

\* This information is essential in planning to provide services as fairly & efficiently as possible. Thank you! \*