

**St. Christopher's Church
Bridge to Kindergarten
226 Righters Mill Road
Gladwyne, PA 19035
610-642-8920 x116**

2024-25 APPLICATION

_____	_____	<u>M / F</u>
Child's Name	Birthdate	Gender
_____	_____	_____
Address	City	State Zip Code
_____	_____	
Parent/Guardian (1) Name	Parent/Guardian (2) Name	
_____	_____	
Cell Phone	Cell Phone	
_____	_____	
Email	Email	

Did your child attend preschool? YES NO Where? _____
(Circle One)

Would you be interested in an early drop-off program (8:00am)? YES NO
(Circle One)

Is there anything else you think we should know about your child?

How did you hear about St. Christopher's Bridge to Kindergarten Program?

A **non-refundable \$300 deposit** is due at time of application.

Please make checks out to: **St. Christopher's Church**

Please return completed application, along with the deposit, to:
St. Christopher's Church
Attn: Katie Gibbs
226 Righters Mill Road
Gladwyne, PA 19035