

APPLICATION FORM

Email this completed form to {Connect@BizzyBuddyLLC.com} or bring it to orientation with you. We look forward to meeting you and your child.

CHILD INFORMATION:

NAME: _____ MI: _____ DOB: _____

NICKNAME: _____ SEX: ☐ MALE ☐ FEMALE ☐ OTHER

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT(S)/GUARDIAN(S) INFORMATION:

NAME: _____ PREF. CONTACT: ☐ CELL ☐ HOME ☐ WORK

EMAIL ADDRESS: _____

PHONE NUMBERS:

CELL	()	ext.
HOME	()	ext.
WORK	()	ext.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT(S)/GUARDIAN(S) INFORMATION:

NAME: _____ PREF. CONTACT: ☐ CELL ☐ HOME ☐ WORK

EMAIL ADDRESS: _____

PHONE NUMBERS:

CELL	()	ext.
HOME	()	ext.
WORK	()	ext.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROGRAM OF INTEREST:

☐ BIZZY BABIES (6 WEEKS - 23 MONTHS)

☐ BIZZY BEES (2 - 3 YEARS)

☐ BIZZY BEARS (4 YEARS - 5 YEARS)

In some cases, your child may be placed in a different class (between Bizzy Bees or Bizzy Bears) depending on maturity and/or capabilities.

MEDICAL INFORMATION:

ALLERGIES/CONDITIONS/DISABILITIES: _____
