



Lutheran Elementary School of Bay Ridge

FOUNDED IN 1957 BY BETHLEHEM LUTHERAN CHURCH

440 Ovington Avenue, Brooklyn, New York 11209 Telephone: 718-748-9502 Fax: 718-748-0818 www.lesbayridge.com

TWINKLES PROGRAM STUDENT / APPLICANT INFORMATION

Applicant's Full Name: _____
Last First Middle

Address: _____
Street City State Zip

Gender: Male Female Date of Birth: _____

FAMILY INFORMATION

Applicant's Parents: Married Single Separated Divorced Partners

Languages other than English spoken at home: _____

Parent A: Mr. Mrs. Ms. Dr. Other _____

Address: _____
Street City State Zip

Parent B: Mr. Mrs. Ms. Dr. Other _____

Address: _____
Street City State Zip

Occupation: _____ Employer: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

FALL 2019 TWINKLES SCHEDULE

- Session I:** 9/16, 9/18, 9/20 9/23, 9/25, 9/27 9/30, 10/2, 10/4 10/7, 10/9, 10/11
 - Session II:** 10/15, *10/17, 10/18 10/21, 10/23, 10/25 10/28, 10/30, 11/1 11/4, 11/6, 11/8
 - Session III:** 11/2, *11/14, 11/15 11/18, 11/20, 11/22 11/25, 11/27, 11/29 12/2, 12/4, 12/6
- Monday / Wednesday / Friday: 10:00 am–11:30am (*holiday schedule)

Please return form with check made payable to Kristin Gregory. Space is limited to 8 families. If signing up for sessions II & III (in addition to session I), please submit a \$50 deposit for each).

AGREEMENT

I certify that, to the best of my knowledge, the information I provided is accurate and complete. I understand that all fees (including application and registration) are non-refundable; that no transcripts/records will be released unless all financial obligations are satisfied for the current school year; that I will adhere to the policies and rules established by the school; that enrollment is considered without regard for religion, race, gender, color, sexual orientation, national or ethnic origin.

By signing this Application and enrolling my child, I give Lutheran Elementary School permission to use my child's photo / image (**no names will be used**) in print, electronic communications, and other materials. To withhold permission, please provide a signed and dated letter indicating your denial of permission.

Parent / Guardian's Signature: _____ Date: _____