



RED BRICK SCHOOL

50 Middle Highway
Barrington, RI 02806
246-2342

2011-2012 APPLICATION FORM

Please return this completed form along with a non-refundable **\$50.00 application fee** made payable to Red Brick School.

Child's name: _____

Child's birth date: _____

Parent's names: _____

Home address: _____

Home phone: _____ Work/Cell phone: _____

Email Address: _____

PROGRAM CHOICE — Please indicate 1st, 2nd, and 3rd choice if appropriate.

Three-year old Programs

- _____ 2 mornings per week
- _____ 3 mornings per week
- _____ 3 afternoons per week
- _____ 4 mornings per week

Pre-K

(This is designed for children who will turn four on or before September 1st).

- _____ 4 mornings per week
- _____ 4 afternoons per week
- _____ 5 afternoons per week

Kindergarten

- _____ 5 days per week

Signature _____ Date _____