



BRYN ATHYN CHURCH SCHOOL

600 Tomlinson Road, Box 277  
Bryn Athyn, PA 19009  
215-947-4086. Fax: 215-938-1871

Parent/Guardian: Please fill the complete form out and return it to Joanne Hamilton

**Request to talk with your child's preschool or daycare**

Name and Address of Preschool/Daycare

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student indicated below has applied for enrollment to the Bryn Athyn Church School for Kindergarten for the \_\_\_\_\_ School Year

Full Name \_\_\_\_\_ Birth-date \_\_\_\_\_

Dates preschooler has been at this preschool/daycare \_\_\_\_\_

I grant permission for the Bryn Athyn Church School staff to communicate with my child's current preschool/daycare as a way of facilitating my child's transition to Kindergarten.

In addition, I authorize any reports to be sent to Bryn Athyn Church School, PO Box 277, Bryn Athyn, PA 19009

\_\_\_\_\_  
Signature of Parent/Guardian