



INFORMATION RELEASE FORM

I/We (please print):

Give permission to Bi-Cultural Day School to obtain information from:

School/Professional _____

Address _____

Telephone _____ **Email** _____

Contact Person/Title _____

In reference to:

Name _____

Grade _____ **Date of Birth** _____

For the purpose of enrollment in Bi-Cultural Day School.

Parent/Guardian signature _____ **Date** _____

Parent/Guardian signature _____ **Date** _____

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Bi-Cultural Day School is a recipient agency of United Jewish Federation of Greater Stamford, New Canaan and Darien, UJA/Federation of Greenwich, and Federation for Philanthropy of Upper Fairfield County.