

Thank you for your interest in my authentic home-based program.

Please complete the following information and email it to bridgescareandeducationcenter@gmail.com.

Family Profile	
First Name of Parent(s)/ Guardians(s):	
Phone Number(s):	
Email:	
First Name of Child:	
Expected Start Date (mm/ dd/yyyy):	
Age of Child at Expected Start Date (in months):	
Location:	Bridges Care and Education Center: East Lansing, MI (Nearest major intersection: E. Mount Hope Rd & S. Hagadorn Rd)

I will get back to you at my earliest convenience with information on space availability. I value your continued interest in my program.