



594 North Bridge Street
P.O. Box 6007
Bridgewater, NJ 08807

2016-2017
INITIAL APPLICATION
KINDER PLUS

Phone: 908-722-0101
Fax: 908-253-0878
Email: info@preschoolplace.com
web: www.preschoolplace.com

NAME _____
First Middle Last Nickname, if applicable

DATE OF BIRTH: _____ AGE AS OF SEPT. 2016 _____
Yrs. Mos.

HOME ADDRESS: _____ HOME PHONE # _____
SEX: M F

FATHER'S NAME: _____ MOTHER'S NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

HOME PHONE # _____ HOME PHONE # _____

CELL PHONE # _____ CELL PHONE # _____

FATHER'S OCCUPATION: _____ MOTHER'S OCCUPATION: _____

PLACE OF BUSINESS: _____ PLACE OF BUSINESS: _____

BUSINESS ADDRESS: _____ BUSINESS ADDRESS: _____

BUSINESS PHONE # _____ BUSINESS PHONE # _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

Please check if your child has previously attended the programs below at The Preschool Place:

Someone Special and Me _____

2's _____ 3's _____ 4's _____

Did any of your other children attend our school? _____

Members of Temple Sholom _____ As of _____

Please mark your choice:

3 Day M/W/F _____ 5 Day M-F _____

EXTENDED DAY/Hours from 2:30-6:00 Monday through Friday.
(Please check days needed)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please check on:

_____ Currently enrolled in The Preschool School

_____ New Applicant

_____ Alumni Family of The Preschool Place

Alumnus' Name _____ Year(s) attended _____

District and school your child attends for Kindergarten

Other schools your child has attended: _____

Address _____

Teacher's Name _____ School's Phone Number _____

How did you learn of our school? _____

Date

Parent's Signature

Please return this form and a \$75.00 non-refundable registration fee, check made payable to The Preschool Place and Kindergarten at Temple Shalom, P.O. Box 6007, Bridgewater, NJ 08807.

If you are a current EZ-EFT customer and would like your financial institution to make this payment, please check here _____.

All classes based on enrollment

