



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

2016-2017  
**INITIAL APPLICATION  
KINDERGARTEN**

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

CHILD'S 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 \_\_\_\_\_ Transitional Twos \_\_\_\_\_

2's \_\_\_\_\_ 3's \_\_\_\_\_ 4's \_\_\_\_\_

Members of Temple Sholom \_\_\_\_\_ As of \_\_\_\_\_

**EARLY DROP OFF/8:00-9:00 AM** (Please check days needed)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**EXTENDED DAY/Hours from 2:30-6:00** Monday through Friday.

Please check days needed

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Please check one:

\_\_\_\_\_ Currently enrolled in The Preschool Place

\_\_\_\_\_ New Applicant

\_\_\_\_\_ Alumni Family of The Preschool Place

Alumnus' Name \_\_\_\_\_ Year(s) attended \_\_\_\_\_

District and school into which you expect your child to enter for 1<sup>st</sup> grade:

\_\_\_\_\_

Other schools your child has attended: \_\_\_\_\_

Address \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School's Phone Number \_\_\_\_\_

How did you learn of our school? (If a specific person, please enter name and address of that person)

\_\_\_\_\_

\_\_\_\_\_

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\***

