



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

**INITIAL APPLICATION**  
**2s**

Phone: (908) 722-0101  
Fax: (908) 253-0878  
Email: [info@preschoolplace.com](mailto:info@preschoolplace.com)  
Web: [www.preschoolplace.com](http://www.preschoolplace.com)

**School Year** \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
First Middle Last Nickname, if applicable

DATE OF BIRTH: \_\_\_\_\_ AGE AS OF NEXT SEPTEMBER : \_\_\_\_\_  
Years Months

HOME ADDRESS: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

SEX: M F

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

CELL # \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_ PLACE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

Members of Temple Sholom? \_\_\_\_\_ As of: \_\_\_\_\_

Please check one:

\_\_\_\_\_ Currently enrolled in The Preschool Place / attended Someone Special & Me/ attended Transitional Twos

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

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

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

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

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_

## Registration for Preschool Class

Mark 1<sup>st</sup> and 2<sup>nd</sup> preference. **Please remember that there is no guarantee** that preference will be given.

**\*All classes based on enrollment\***

2 Year Old: (Must be 2 by October 1<sup>st</sup>)

### **HALF DAY PROGRAMS**

2 Day AM M/W \_\_\_\_\_

2 Day AM T/Th \_\_\_\_\_

3 Day AM M/W/F \_\_\_\_\_

3 Day AM Tu/Th/Fr \_\_\_\_\_

5 Day AM M-F \_\_\_\_\_

### **FULL DAY PROGRAMS**

2 Day M/W \_\_\_\_\_

2 Day T/Th \_\_\_\_\_

3 Day M/W/F \_\_\_\_\_

3 Day Tu/Th/F \_\_\_\_\_

5 Day M-F \_\_\_\_\_

### **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 \_\_\_\_\_

## Registration for Enrichment Class

### **Mazel Tots (Starting in November)**

Wednesday: Open to all Jewish 2 year olds \_\_\_\_\_ 11:30-12:30

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

Please return this form and a \$75.00 registration fee (check made payable to The Preschool Place and Kindergarten at Temple Shalom.)

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