



594 North Bridge Street  
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### INITIAL APPLICATION

4s

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  
 New Applicant  
 Alumni Family of The Preschool Place

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

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

Someone Special and Me \_\_\_\_\_ Transitional Twos \_\_\_\_\_ 2 Year Old \_\_\_\_\_ 3 Year Old \_\_\_\_\_

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 of that person)

\_\_\_\_\_ The district where you expect your child to attend elementary school:

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

**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\***

4 Year Old: (Must be 4 by October 1<sup>st</sup>)

**HALF DAY PROGRAMS**

3 Day AM T/Th/F \_\_\_\_\_

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

**FULL DAY PROGRAMS** (Children in a full day program will be placed in classes and enrichments by the Director and a Board Member)

3 Day T/TH/F \_\_\_\_\_

\_\_\_\_\_ Please enroll my child in Heritage Street on Fridays.

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 \_\_\_\_\_

**Enrichment Classes for Half Day Registrants Only** (If choosing a full day program **DO NOT** complete this section)

<b><u>Enrichment selection</u></b>	
	<b>PM</b>
<b>Monday:</b>	_____ Art Unlimited
<b>Tuesday:</b>	_____ Mini Maestros
<b>Wednesday:</b>	_____ Our Planet Earth
<b>Thursday:</b>	_____ Inventors Workshop
<b>Friday:</b>	_____ Discover Ease _____ Heritage Street

\_\_\_\_\_ 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 Sholom.)

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

