



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

INITIAL APPLICATION 3s

Office Use: Date Received _____

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

School Year _____

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

DATE OF BIRTH: _____ SEX: M F

HOME ADDRESS: _____ HOME PHONE #: _____

PARENT 1 NAME: _____ PARENT 2 NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

HOME PHONE #: _____ HOME PHONE #: _____

CELL # _____ CELL # _____

CELL PHONE CARRIER _____ CELL PHONE CARRIER _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

PARENT 1 OCCUPATION: _____ PARENT 2 OCCUPATION: _____

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 _____

Other schools your child has attended _____

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

Transitional Twos _____ 2-Year-Old _____

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

Registration for Preschool Class

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

All classes based on enrollment

3-Year-Old (Must be 3 by October 1st and toilet trained)

HALF DAY PROGRAMS 9:00-11:30

3 Day AM M/W/F _____

5 Day AM M-F _____

FULL DAY PROGRAMS 9:00-2:30

3 Day M/W/F _____

_____ **Please enroll my child in Heritage Street (Jewish Education)**

5 Day M-F _____

EARLY DROP OFF 8:00-9:00AM (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 _____

I acknowledge and agree that the registration fee is non-refundable _____

Initial

Please return this form and a \$100.00 registration fee (check made payable to The Preschool Place and Kindergarten at Temple Sholom.)

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

Date

Parent's Signature