The Preschool Place & Kindergarten

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

INITIAL APPLICATION
4s

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: _____   GENDER: 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 _____   3 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

4 Year-Old (Must be 4 by October 1st and toilet trained)

HALF DAY PROGRAMS 9:00-11:30

3 Day AM T/TH/F _____

5 Day AM M-F   _____

_____

FULL DAY PROGRAMS 9:00-2:30

3 Day T/TH/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