



Office Use: Date Received_____

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

INITIAL APPLICATION KINDERGARTEN

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
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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 PHONE # _____ CELL PHONE # _____

CELL PHONE CARRIER _____ CELL PHONE CARRIER _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

PARENT 1 OCCUPATION:_____ PARENT 2 OCCUPATION:_____

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

Transitional Twos_____ 2's_____ 3's_____ 4's_____

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_____

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

Other schools your child has attended: _____

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)

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 _____

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 Shalom.)

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

All classes based on enrollment