



NAME OF CHILD _____

PARENT'S NAME _____

CHILD'S ADDRESS _____

AGE OF CHILD AS OF JANUARY 2022 _____ Sex: M _____ F _____

CHILD'S DATE OF BIRTH _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

Please indicate your first and second choice:

_____ **Wednesday Class (9:30 – 10:30): January 5 - May 25**

_____ **Thursday Class (9:30 – 10:30): January 6 - May 26**

The cost is \$350.00 for the session.

Please enclose payment and make all checks payable to The Preschool Place and Kindergarten.

Date

Signature

**P.O. Box 6007
Bridgewater, New Jersey 08807
(908) 722-0101**

**www.preschoolplace.com
info@preschoolplace.com**