



NAME OF CHILD _____

NAME OF PARENTS _____

CHILD'S ADDRESS _____

CHILD'S DATE OF BIRTH _____ GENDER: M F

ALLERGIES _____

MOBILE NUMBER/S _____

EMAIL ADDRESS/ES _____

All classes meet 9:15 – 10:30. Classes are subject to enrollment. There will be no refunds for missed classes.

_____ **Fall Wednesday session: Sept 27, 2023 – Jan 31, 2024** (no class 12/27)
Cost: \$500

_____ **Fall Thursday session: Sept 28, 2023 – Feb 1, 2024** (no class 11/9, 11/23, 12/28)
Cost: \$450

_____ **Spring Wednesday session: Feb 7, 2024 – Jun 5, 2024** (no class 4/3, 4/24)
Cost: \$450

_____ **Spring Thursday session: Feb 8, 2024 – Jun 6, 2024** (no class 4/4)
Cost: \$475

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

Signature

Date

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

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