



NAME OF CHILD _____

GENDER: M F

NAME OF PARENTS/GUARDIANS _____

FAMILY ADDRESS _____

CHILD'S DATE OF BIRTH _____

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 Tuesday session: Sept 24, 2024 – Jan 28, 2025** (no class 12/24/24 or 12/31/24)
Cost: \$475

_____ **Fall Wednesday session: Sept 25, 2024 – Jan 29, 2025** (no class 12/25/24 or 1/1/25)
Cost: \$475

_____ **Spring Tuesday session: Feb 4, 2025 – Jun 10, 2025** (no class 4/15 or 6/3)
Cost: \$475

_____ **Spring Wednesday session: Feb 5, 2025 – Jun 11, 2025** (no class 4/16)
Cost: \$500

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**