



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

2010-2011
INITIAL APPLICATION
3s

Phone: 908-722-0101
Fax: 908-253-0878
Email: info@preschoolplace.com
Web: www.preschoolplace.com

Part I

CHILD'S NAME: _____
First Middle Last Nickname, if applicable

DATE OF BIRTH: _____ AGE AS OF SEPTEMBER 2010: _____
Years Months

HOME ADDRESS: _____ HOME PHONE #: _____
SEX: M F

FATHER'S NAME: _____ MOTHER'S NAME: _____

HOME ADDRESS: _____ HOME ADDRESS: _____

HOME PHONE #: _____ HOME PHONE #: _____

CELL # _____ CELL # _____

FATHER'S OCCUPATION: _____ MOTHER'S OCCUPATION: _____

PLACE OF BUSINESS: _____ PLACE OF BUSINESS: _____

BUSINESS ADDRESS: _____ BUSINESS ADDRESS: _____

BUSINESS PHONE #: _____ BUSINESS PHONE #: _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

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 _____

Address _____ Phone Number _____

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

Someone Special and Me _____ 2 Year Old _____

How did you learn of our school? (If a specific person, please enter name and address of that person)

Part II 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

3 Year Old (Must be 3 by October 1st and toilet trained)

HALF DAY PROGRAMS

2 Day AM T/Th _____

3 Day AM M/W/F _____

5 Day AM M-F _____

FULL DAY PROGRAMS (Children in a full day program will placed in classes and enrichments by the Director and a Board Member)

2 Day T/Th _____

3 Day M/W/F _____ Please enroll my child in Heritage Street on Fridays

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 Thursday. Friday until 4:00 only.

(Please check days needed)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday (until 4:00 only) _____

Part III Enrichment Classes for Half Day Registrants Only. (If choosing a full day program **DO NOT** complete this section)

| <u>Enrichment selection</u> | |
|------------------------------------|------------------------------------------------|
| | PM |
| Monday: | _____ What's Cooking _____ Our Planet Earth |
| Tuesday: | _____ Mini Maestros |
| Wednesday: | _____ Discover-Ease |
| Thursday: | _____ Hand in Hand _____ Story Stretchers |
| Friday: | _____ Art Unlimited _____ Heritage Street |

Date

Parent's Signature

Please return this form and a \$75.00 registration fee (check made payable to The Preschool Place and Kindergarten at Temple Shalom.)

If you are a current EZ-EFT customer and would like your financial institution to make this payment, please check here. _____

