



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

2012-2013
INITIAL APPLICATION
2s

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 2012: _____
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 Shalom? _____ As of: _____

Please check one:

_____ Currently enrolled in The Preschool Place / attended Someone Special & Me

_____ New Applicant

_____ Alumni Family of The Preschool Place

Alumnus' Name _____ Year(s) attended _____

Other schools your child has attended: _____

Address _____ Phone Number _____

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

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

2 Year Old: (Must be 2 by October 1st)

HALF DAY PROGRAMS

2 Day AM T/Th _____

3 Day AM M/W/F _____

5 Day AM M-F _____

FULL DAY PROGRAMS

2 Day T/Th _____

3 Day M/W/F _____

5 Day M-F _____

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 Thursday. Friday until 4:00 only.

(Please check days needed)

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

Part III Registration for Enrichment Class

Mazel Tots (Starting in November)

Wednesday: Open to all Jewish 2 year olds _____ 11:30-12:30

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 _____.

