



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

**2011-2012**  
**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 2011: \_\_\_\_\_  
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 1<sup>st</sup> and 2<sup>nd</sup> 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 1<sup>st</sup> and toilet trained)

### HALF DAY PROGRAMS

2 Day AM M/W \_\_\_\_\_

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 M/W \_\_\_\_\_

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)

<b><u>Enrichment selection</u></b>	
	<b>PM</b>
<b>Monday:</b>	_____ What's Cooking _____ Our Planet Earth
<b>Tuesday:</b>	_____ Mini Maestros
<b>Wednesday:</b>	_____ Discover-Ease
<b>Thursday:</b>	_____ Hand in Hand _____ Story Stretchers
<b>Friday:</b>	_____ 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. \_\_\_\_\_

