



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

2011-2012
INITIAL APPLICATION
4s

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 _____

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

Someone Special and Me _____ 2 Year Old _____ 3 Year Old _____

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 of that person)

_____ The district where you expect your child to attend elementary school:

Name of school: _____

Address: _____

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

4 Year Old: (Must be 4 by October 1st)

HALF DAY PROGRAMS

3 Day AM T/Th/F _____

5 Day AM M-F _____

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

3 Day T/TH/F _____

_____ Please enroll my child in Heritage Street on Fridays.

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

<u>Enrichment selection</u>	
PM	
Monday:	<input type="checkbox"/> What's Cooking <input type="checkbox"/> Our Planet Earth
<hr/>	
Tuesday:	<input type="checkbox"/> Mini Maestros <input type="checkbox"/> Little Bytes
<hr/>	
Wednesday:	<input type="checkbox"/> Discover-Ease
<hr/>	
Thursday:	<input type="checkbox"/> Hand in Hand <input type="checkbox"/> Story Stretchers
<hr/>	
Friday:	<input type="checkbox"/> Art Unlimited <input type="checkbox"/> 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 Sholom.)

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

