



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](mailto:info@preschoolplace.com)  
web: [www.preschoolplace.com](http://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 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\***

4 Year Old: (Must be 4 by October 1<sup>st</sup>)

**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)

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

