



P.O. Box 6007
Bridgewater, New Jersey 08807
(908) 722-0101
info@preschoolplace.com
www.preschoolplace.com



NAME OF CHILD _____

ADULT'S NAME _____

CHILD'S ADDRESS _____

AGE OF CHILD AS OF SEPTEMBER 2009 _____

CHILD'S DATE OF BIRTH _____

TELEPHONE NUMBER _____

DATES: Tuesdays from January 5th through March 23rd

TIME: 9:30 to 10:30

_____ Enclosed is my check for \$200.00

Make all checks payable to The Preschool Place at Temple Sholom.

Date

Signature