



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 2010 _____

CHILD'S DATE OF BIRTH _____

TELEPHONE NUMBER _____

DATES: to be determined

TIME: 9:30 to 10:30

_____ Enclosed is my check for \$200.00

Make all checks payable to The Preschool Place and Kindergarten.

Date

Signature