

## **CHERRY HILL LOCATION** <u>3yr - PreK REGISTRATION FORM</u> 2017 - 2018

Name of Child:		Date of Birth:	
Address:			
Home Phone:			
Mother Name:		SSN #:	
Cell:		Email:	
Father Name:		SSN #:	
Cell:		Email:	
Has child attended any otl	ner preschool? (if so where	e):	
Recommended by:			
Class:	3year old	4year old Pre-	K
Days per week enrolled:			
2 (Tue & Thurs)	3 (Mon, Wed, & Fri)	5 (All days)	
Preferred Session: AM	(7am-Noon) PM (1 <sub>1</sub>	om-6pm) FD (7am-6p	om)
New Registration: \$75.00	Registration Fees are Not Re-Registration: \$50.6 ration fee is valid until March		iy**
Reg.Check #:***	Reg. Cash #: Tuition is payable by the	Deposit Chk #:	
Parent's Signature			Date

<sup>\*</sup>Please attach copies of your driver license with your children's registration form. We must have at-least one (1) parent's driver license on file or your child will not be considered registered. Thank You

<sup>\*</sup>Please attach a copy of your child's shot records with your physician's signature. This is a New Jersey state requirement and we must have it on file at the time of registration. Thank You.

<sup>\*</sup>NJ now requires children 6-59months of age, and is attending a licensed childcare facility, to receive an annual FLU shot between 9/1 and 12/31 and provide proof of immunization to school.