



CHERRY HILL LOCATION
Infants – T3 REGISTRATION FORM
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 other preschool? (if so where): _____

Recommended by: _____

Class: Infants(6wks-18m) _____ **Days Per Week: 5FD(7am – 6pm)program only**

Class: Toddler1(18m-30m) _____ **Days Per Week: 5FD(7am – 6pm)program only**

Class: Toddler2(24m-36m) _____ **Days Per Week: 5FD(7am – 6pm)program only**

Toddler 3 _____

Days per week: 2 (Tues. & Thurs.) _____ **3** (Mon, Wed, & Fri): _____

4 (Any days): M___ T___ W___ R___ F___ **5** (All days) _____

Preferred Session: AM (7am-Noon) _____ PM (1pm-6pm) _____ FD (7am-6pm) _____

Registration Fees: **Registration Fees are Non-Refundable**

New Registration: **\$75.00** Re-Registration: **\$50.00** Deposit: **\$500.00**

****Re-Registration fee is valid until March 31st, for returning students only****

Reg.Check #: _____ Reg. Cash #: _____ Deposit Chk #: _____

*****Tuition is payable by the 5th of each month*****

Parent's Signature

Date

NOTES:

**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*

**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.*

**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.*