

CHERRY HILL LOCATION <u>3yr - PreK REGISTRATION FORM</u> 2018 - 2019

Name of Child:		Σ	Date of Birth:		
Address:					
Home Phone:					
Mother Name:		SSN #:		_	
Cell:		Email:			
Father Name:		SSN #:		_	
Cell:		Email:			
Has child attended any othe	r preschool? (if so wher	e):			
Recommended by:					
Class:	3year old	Adv4	Pre-K		
Days per week enrolled:					
2 (Tue & Thurs)	3 (Mon, Wed, & Fri)		5 (All days)	_	
Preferred Session: AM (7am-Noon) FD (7am-6pm)			FD (7am-6pm)		
<u> </u>	Re-Registration: \$75. ion fee is valid until March	00 Depos 30th, for return	sit: \$500.00 ning students only**		
Reg.Check #:***Tu	Reg. Cash #:uition is payable by the	Depose <u>5th</u> of each r	sit Chk #: month***		
Parent's Sign	nature			Date	

^{*}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.