



CHERRY HILL LOCATION
Infants – T3 REGISTRATION FORM
2019 - 2020

NAME: _____ DOB: _____ SEX: _____

Address: _____

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

Toddler 2 (24m – 36m) _____ **Toddler 3 (30m & Up)** _____

Days per week:

2 (Tues. & Thurs.) _____ **3** (Mon, Wed, & Fri): _____ **5** (All days) _____

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

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

New Registration: **\$100.00** Re-Registration: **\$75.00** Deposit: **50% of Monthly Rate**

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

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

*****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.*