



**PRE-SCHOOL 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: 3'S \_\_\_\_\_ 4'S \_\_\_\_\_

**Days per week enrolled:**

2 (Tue & Thurs) \_\_\_\_\_ 3 (Mon, Wed, & Fri) \_\_\_\_\_ 5 (All days) \_\_\_\_\_

**Preferred Session:**

Morning (7am-Noon) \_\_\_\_\_ Full day (7am-6pm) \_\_\_\_\_

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

New Registration: **\$100.00**

Re-Registration: **\$75.00**

**\*\*Re-Registration fee is valid until March 31<sup>ST</sup> only, for returning students\*\***

Check#: \_\_\_\_\_ Cash Receipt#: \_\_\_\_\_

**\*\*\*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.**