



BRIGHT BEGINNINGS ACADEMY - SICKLERVILLE
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 (Child): **\$100.00** Re-Registration (Child): **\$75.00**

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

Check#: _____ Cash Receipt#: _____

*****Tuition is payable on Friday for the following week*****

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.**