



NORTH BRANCH REFORMED CHURCH PRESCHOOL

203 Route 28, Bridgewater, NJ 08807 (908) 725-2326

www.nbrcpreschool.com preschool@nbrc.com

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF REGISTRATION FORM

Child's Name _____ Boy Girl _____ Date of Registration _____
(circle one)

Home Address _____
Street _____ Town _____ Zip Code _____

Home Phone (____) _____ Child's Date of Birth: _____

Email: _____

Parent/Guardian Full Name: _____ Mother/Father _____ Cell Phone _____

Employer and Position _____ Work Phone _____

Work Address _____

Parent/Guardian Full Name: _____ Mother/Father _____ Cell Phone _____

Employer and Position _____ Work Phone _____

Work Address _____

Family Status: () Married () Divorced () Remarried () Not Married () Single Parent () Legal Guardian

Language(s) Spoken at Home: _____

Names and Birthdays of Siblings: _____

Any special circumstances we should be aware of? (Single parent home, adoption, grandparents living in home, etc.)

Are you an active member of North Branch Reformed Church? (circle one) yes no

Prior school experience? List the name of the school and dates attended.

Which public/private school will your child attend? _____

Physician's Name _____ Phone _____

Physician's Address _____

I hereby authorize the Preschool's staff to secure emergency medical treatment for my child if a parent or guardian cannot be reached.

SIGNATURE _____ **DATE** _____

In the event of an emergency, I authorize the Preschool staff to walk my child to a safe location, either on or off church property.

SIGNATURE _____ **DATE** _____

EMERGENCY INFORMATION: Please list TWO people in the LOCAL area who will assume responsibility for your child if you cannot be reached.

1. Name(s): _____ Home Phone: _____

Cell Phone: _____

Address: _____

2. Name(s): _____ Home Phone: _____

Cellular Phone: _____

Address _____

CLASSES OFFERED

LITTLE LAMBS "Introduction to Preschool Class" (no registration fee, full payment for session required when registering)

One parent or other adult stays with the child during the class. No siblings.

- _____ Thursdays from 9am – 10am (2 ½ to 3 ½ years old)
- _____ Thursdays from 10:30am – 11:30am (2 ½ to 3 ½ years old)

PRESCHOOL SESSIONS

_____ Tuesday/Thursday 3's	9am to 11:30am	Birth date between 8/1/13 and 12/31/14
_____ Tuesday/Thursday 3's "Diaper-Friendly Class"	9am to 11:30am	Birth date between 8/1/13 and 12/31/14
_____ Monday/Wednesday/Friday 3's	9am to 11:30am	Birth date between 8/1/13 and 12/31/14
_____ Monday/Wednesday/Friday 4's	9am to 11:30am	Birth date on or before 12/31/13
_____ Five Day Class 4's	9am to 11:30am	Birth date on or before 12/31/13
_____ Five Day Class 5's	9am to 11:30am	Children with prior preschool experience and turning five before 3/1/18

EXTENDED DAY OPTION (MWF, 9am – 2am)

_____ Monday/Wednesday/Friday 4's	MWF 9am to 2pm	Birth date on or before 12/31/13
_____ Five Day Class	MWF 9am to 2:00pm T/Th 9am to 11:30am	For children enrolled a 5-Day morning class.

Tell us about our child's developmental history:

Is your child *presently* toilet trained? Yes No

Has your child been evaluated for Speech/Language, Occupational Therapy, or Physical Therapy? Yes No
If yes, are they receiving services and from whom? _____

Does your child have any physical limitations? Yes No
If yes, please list. _____

Does your child have any allergies? Yes No
If yes, please list. Also note if Epi-Pen is required. _____

Has your child had a serious injury, operation, or hospitalization? Yes No
If yes, please list. _____

Please include any additional information about your child.

- Registration is complete upon the receipt of a completed registration form, \$55 registration fee, and first tuition payment.
 - The second tuition payment is due June 1st. All other payments are due the first of the month from October through May.
 - Students are registered for the entire school year and parents/guardians are responsible for the annual tuition fees.
- ** All registration fees and tuition payments are nonrefundable and may only be applied to the current school year. ****

SIGNATURE _____ **DATE** _____

OFFICE USE ONLY

Pre-enrollment tour: _____

Registration Fee and First Tuition Payment:	Date: _____	Check #: _____	Amount: _____
2 ND Tuition Payment:	Date: _____	Check #: _____	Amount: _____
Health Form:	YES	NO	
Immunization Record:	YES	NO	



2017-2018 School Year

