



# **NORTH BRANCH REFORMED CHURCH PRESCHOOL**

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

[www.nbrcpreschool.com](http://www.nbrcpreschool.com) [preschool@nbrc.com](mailto: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 ( ) Civil Union

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: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**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 8/1/14 and 12/31/15
_____ Tuesday/Thursday 3’s “Diaper-Friendly Class”	9am to 11:30am	Birth date between 8/1/14 and 12/31/15
_____ Monday/Wednesday/Friday 3’s	9am to 11:30am	Birth date between 8/1/14 and 12/31/15
_____ Monday/Wednesday/Friday 4’s	9am to 11:30am	Birth date on or before 12/31/14
_____ Five Day Class 4’s	9am to 11:30am	Birth date on or before 12/31/14
_____ Five Day Class 5’s	9am to 11:30am	Children with prior preschool experience and turning five before 3/1/19

**EXTENDED DAY OPTION** (MWF, 9am – 2am)

_____ Monday/Wednesday/Friday 4’s	MWF 9am to 2pm	Birth date on or before 12/31/14
_____ 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:

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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, registration fee, and first tuition payment.
  - The second tuition payment is due June 1<sup>st</sup>. 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** \_\_\_\_\_

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**OFFICE USE ONLY**

Pre-enrollment tour: \_\_\_\_\_

Registration Fee and First Tuition Payment:    Date: \_\_\_\_\_    Check #: \_\_\_\_\_    Amount: \_\_\_\_\_

2<sup>ND</sup> Tuition Payment:                                    Date: \_\_\_\_\_    Check #: \_\_\_\_\_    Amount: \_\_\_\_\_

Health Form:    YES    NO

Immunization Record:                                    YES    NO

