



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 () 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 11am –12pm (2 ½ to 3 ½ years old)

PRESCHOOL SESSIONS

| | | |
|--|-------------|---|
| _____ Tuesday/Thursday 3’s | 9am to 12pm | Birth date between 8/1/16 and 12/31/17 |
| _____ Tuesday/Thursday 3’s “Diaper-Friendly Class” | 9am to 12pm | Birth date between 8/1/16 and 12/31/17 |
| _____ Monday/Wednesday/Friday 3’s | 9am to 12pm | Birth date between 8/1/16 and 12/31/17 |
| _____ Monday/Wednesday/Friday 4’s | 9am to 12pm | Birth date on or before 12/31/16 |
| _____ Five Day Class 3’s | 9am to 12pm | Birth date between 8/1/16 and 12/31/17 |
| _____ Five Day Class 4’s | 9am to 12pm | Birth date on or before 12/31/16 |
| _____ Five Day Class 5’s | 9am to 12pm | Children with prior preschool experience and turning five before 12/31/20 |

EXTENDED DAY OPTION (MWF, 9am – 2pm) *Extended hours can be added once a 4’s or 5’s student is 4 years old.

| | | |
|-----------------------------------|------------------|---|
| _____ Monday/Wednesday/Friday 4’s | MWF 9am to 2pm | Birth date on or before 12/31/16. |
| _____ Five Day Class 4’s and 5’s | MWF 9am to 2pm | For children enrolled a 5-Day 4’s or 5’s morning class. |
| | T/Th 9am to 12pm | |

Tell us about your child’s developmental history: (Reaching milestones? Typical/Atypical development? Premature birth? Etc.)

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/cognitive/emotional limitations? Yes No

If yes, please list. _____

Does your child have any allergies or asthma? Yes No

If yes, please list. Also note if Epi-Pen/Avi-Q or Inhaler are 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.

- Students are registered for the entire school year and parents/guardians are responsible for the annual tuition fees.
- Registration is complete upon the receipt of a completed registration form, 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.
- Tuition payments are the same regardless of absence, illness, vacations, or the closing of school due to inclement weather or unforeseen circumstances.

** All registration fees and tuition payments are nonrefundable and may only be applied to the current school year. **

- No credit will be given if withdrawing from the Preschool before the conclusion of the school year.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

Pre-enrollment tour: _____

Registration Fee and First Tuition Payment: Date: _____ Check #: _____ Amount: _____

2ND Tuition Payment: Date: _____ Check #: _____ Amount: _____

Health Form: YES

Immunization Record: YES



2020-2021 School Year

