

Three Bridges Christian Nursery School
At the Three Bridges Reformed Church
PO Box 47, 470 Main Street,
Three Bridges, NJ 08887
Phone: (908) 782-4201 Fax: 806-0750
2018 -2019

School Use Only Date Recd _____ May Tuition \$ _____ Registration Fee \$ <u>30.00</u> Check Number _____ Cash Receipt # _____ Amount Cash \$ _____

PLEASE CHECK THE SESSION IN WHICH YOU ARE INTERESTED:

3 Day
Tues/Wed/Thurs _____ (2 1/2 – 3 1/2 yrs. old by Oct. 1, 2018)

4 Day _____
Mon/Tues/Wed/Thurs (Multi-aged 3 1/2 yrs-4 yrs by Oct. 1, 2018)

5 Day _____
Mon/Tues/Wed/Thurs/Fri (4 yrs. old by Oct. 1, 2018)

Child's Full Name _____ Male Female
(Last) (First)

Nickname _____

How would you like your child to recognize and write his/her name _____

Date of Birth _____ Age as of October 1st _____ Years _____ Months

Father's/Guardian Name _____ Mother's/Guardian Name _____
 Married Single Divorced Widowed Separated

Mailing Address _____
(Street) (Town) (State) (Zip)

Home Phone _____ School District _____

Does your child receive extended care by someone other than the parent? Yes No

By whom _____ Relationship _____ Phone _____

Brothers (Names & Ages) _____

Sisters (Names & Ages) _____

Father's Cell Phone _____ Work Phone _____

Mother's Cell Phone _____ Work Phone _____

Home Email _____

How did you hear about our school? Previous Family Enrollment or: _____

What are your reasons for wanting your child to attend Nursery School? _____

PERSONALITY

How does your child react to other children? _____

What is his/her reaction to adults? _____

Can he/she amuse himself/herself? Yes No How? _____

Which hand does your child usually use? _____

Has your child had experience with creative materials (clay, paint, crayons)? Please explain:

ADDITIONAL INFORMATION

Does your child have any special needs or handicaps? Yes No If yes, please explain

Does your child have any unusual fears? Yes No If yes, please explain:

List any Allergies* _____

List any food allergies* _____

*If your child has any allergies, an Allergy Action Plan must be filled out by your doctor.

In what way would you be able to assist in the school?

Driving Baking Phoning Group Mom Crafts Programs Special Committees

Please attach a \$30.00 non-refundable registration fee
plus May 2019 tuition payment with this form.

September Tuition payment is due on Friday, August 24, 2018

See the Tuition Policy for payment schedule.