

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: (908) 806-0750
2019 -2020

School Use Only Date Recd _____ May Tuition \$ _____ Registration Fee \$ <u>40.00</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, 2019)

4 Day _____
Mon/Tues/Wed/Thurs (Multi-aged 3 1/2 yrs-4 yrs by Oct. 1, 2019)

5 Day _____
Mon/Tues/Wed/Thurs/Fri (4 yrs. old by Oct. 1, 2019)

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

Parent/Guardian Name _____ Parent/Guardian Name _____

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

Home Phone _____ School District _____

Does your child receive extended care by someone other than the Parent/Guardian? Yes No

By whom _____ Relationship _____ Phone _____

Brothers (Names & Ages) _____

Sisters (Names & Ages) _____

Parent/Guardian Cell Phone _____ Work Phone _____

Parent/Guardian 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.

Please Note: A Registration Process form must be signed and a \$40.00 non-refundable registration fee is due upon registration.

May 2020 tuition payment is due by **June 1st** to hold your child's placement.

See the Tuition Policy for payment schedule.