

Start-Rite Nursery School & Kindergarten

732-968-2152

Registration Form

Child's Age in Sept: _____yrs. _____mos.

Date of Application _____ Date of Birth _____

Child's Name _____ Sex _____

Address _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-Mail Address _____ E-Mail Address _____

Name and Ages of brothers & sisters _____

Father's Occupation _____ Mother's Occupation _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Persons authorized to pick up child and/or contact in case of emergency if neither parent nor custodian is available:

Name _____ Name _____

Relationship _____ Relationship _____

Address: _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Custodial Information: If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents (Court Order).

In the event of a medical emergency occurs, I authorize Start-Rite Nursery School and Kindergarten to seek emergency medical care for my child as deemed necessary.

Date Signature

Child's Physician _____

Physician's Address _____

Physician's Phone Number _____

List any allergies or medical problems:

Is your child a vegetarian ___yes or___ no?

Please Circle Choice of Session, and Please Specify 11:15 or 12:15 Pick Up:

- | | | | |
|-------------------------------|------------|-------------|----------------------------|
| 2 Day A.M. (11:15am/ 12:15pm) | 2 Day P.M. | 2 Days | (Tues. & Thurs.) |
| 3 Day A.M. (11:15am/ 12:15pm) | 3 Day P.M. | 3 Full Days | (Mon., Wed. & Fri.) |
| 4 Day A.M. (11:15am/ 12:15pm) | 4 Day P.M. | 4 Full Days | (Mon-Fri. please choose 4) |
| 5 Day A.M. (11:15am/ 12:15pm) | 5 Day P.M. | 5 Full Days | (Mon, thru Fri.) |

Other _____

Full Day Kindergarten (Mon. thru Fri.)

School Age Aftercare Program (1, 2, 3, 4, or 5 days a week)

Please check the box if you will be needing am extended care and/or pm. extended care.

To aide in dismissal, Please provide the following information for primary pickup person.

Make of car: _____ Color _____ License Plate: _____

How did you learn about Start-Rite Nursery School and Kindergarten?

The date your child will begin: _____

Please enclose the registration fee which is not applicable to the tuition payment and is not refundable, in addition to a \$50 security deposit that will be applied to your last month tuition, and is refundable so

long as you provide us with a month's notice before withdrawing your child from our program. No refunds will be made for a child's absence or when school is closed.

Date Parent's Signature

Photo Release Form

Start-Rite Nursery School and Kindergarten has my permission to use a photo including my child for advertising.

Child's Name Parent's Signature Date

Start-Rite Nursery School and Kindergarten has my permission to use a photo including my child for assessment and classroom purposes only.

Child's Name Parent's Signature Date

Walking Field Trip Permission Slip Form

Start-Rite Nursery School and Kindergarten has my permission to take my child on nature walks, and occasionally on picnics to the park across the street, when the weather is appropriate.

Child's Name Parent's Signature Date
