

**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).

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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 \_\_\_\_\_ no

Please Check Choice of Session:

- |            |            |                |                            |
|------------|------------|----------------|----------------------------|
| 2 Day A.M. | 2 Day P.M. | 2 Days         | (Tues. & Thurs.)           |
| 3 Day A.M. | 3 Day P.M. | 3 Full Days    | (Mon.Wed. & Fri.)          |
| 4 Day A.M. | 4 Day P.M. | 4 Full Days    | (Mon-Fri. please choose 4) |
| 5 Day A.M. | 5 Day P.M  | 5 Full Days    | (Mon, thru Fri.)           |
| A.M. Kind. | Pm. Kind.  | Full Day Kind. | (Mon. thru Fri.)           |

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

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.

\_\_\_\_\_

**Start-Rite Nursery School & Kindergarten**  
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Date

Parent's Signature

Please sign that you have received our parent handbook, the photo release form, and the walking permission slip form.

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Sign

Date