

*School Year: 2019 - 2020

For Office Use Only:

Date Received: _____

Class Placement: _____

Check#: _____ Amt: _____

CLINTON PRESBYTERIAN PRESCHOOL REGISTRATION FORM

Child's Name _____
Last First Nickname

Address _____
Street Town Zip

Child's Gender _____ Birthdate ____/____/____ Age at Start of Term ____yrs. ____mos.

Parent's Name _____ Employer _____

Cell and/or Home Phone _____ Work # _____

Parent's Name _____ Employer _____

Cell and/or Home Phone _____ Work # _____

Primary Phone _____ Primary Email _____

Child's Pediatrician _____ Telephone _____

Child's previous school/group experience (name of school and period attended)

Is your child currently enrolled in a preschool? _____ Name of School _____

Names, ages and schools of brothers or sisters _____

Has your child received any early intervention or special education services? _____ If yes, please list all therapies your child has received.

Class Selection:

3 Year Old (3 years by October 1st) Tuition \$200/month

2 Days T/TH AM 9:00 -11:30 _____

4 Year Old (4 years by October 1st) Tuition \$240/month

3 Days M/W/F AM 9:00 – 11:30 _____

I wish to enroll my child in Clinton Presbyterian Church Preschool. I understand that if I register my child(ren) by February 1, 2019, I will not need to pay the application fee of \$50.00. Please include with the registration form, the non-refundable September tuition.

Checks are to be made payable to:
Clinton Presbyterian Church
Memo line: Preschool

Parent's Signature

Date

Return applications to:

Clinton Presbyterian Church Preschool

Adrienne Hodulik, Director
91 Center Street
Clinton, NJ 08809
(908)735-5029
preschool4cpc@gmail.com