

Please check one: Re-Enrollment New Registration

How did you hear of our program? Alumni Family Friend/Family Website Facebook Advertisement

Child's Information: Name: _____ Male () Female () Birthdate: ___/___/___
Home Street Address: _____ City/Town _____ NJ Zip Code: _____ Phone #: _____
May we give out your address to classmates? Yes No Phone #? Yes No Email? Yes No
Does your child have any allergies, asthma or other medical conditions: Yes No Please List: _____
May we photograph your child for student portfolios/assessment documentation? Yes No
May we photograph your child for publicity purposes on our website & Facebook? Yes No

Mother's Information: Name: _____ Soc. Sec # _____
Address (if different from child's): _____
Cell Phone #: _____ Please provide your Cell Carrier so we may include you in our text messaging system: _____
Employer _____ Business Address _____
Occupation _____ Business Phone # _____
Email Address: _____

Father's Information: Name: _____ Soc. Sec # _____
Address (if different from child's): _____
Cell Phone #: _____ Please provide your Cell Carrier so we may include you in our text messaging system: _____
Employer _____ Business Address _____
Occupation _____ Business Phone # _____
Email Address: _____

Emergency Contact Information: Name: _____ Relationship to Child: _____
Home Street Address: _____ City/Town _____ NJ Zip Code: _____ Phone #: _____

Authorized Pick-Up Information: Name: _____ Relationship to Child: _____
Home Street Address: _____ City/Town _____ NJ Zip Code: _____ Phone #: _____

Marital Status: Married Divorced Separated Widow Not Married

NOTE: It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation/pick-up. Please bring the original court papers regarding custody arrangements for us to copy in order for us to comply. Have you provided BNS with current court orders/legal documentation? _____
PERSONS NOT AUTHORIZED TO VISIT OR PICK UP CHILD: _____ Relationship to child: _____

HALF DAY (2 1/2 hour) SESSIONS ONLY
Please Indicate Choice of Program
Junior Preschool (2 1/2 years by October 1st)
Preschool (3 years by Oct. 1st-must be potty trained)
Pre-Kindergarten (4 years old by October 1st)
Please Indicate Choice of Schedule:
T/Th (2) days per week
MWF (3) days per week
5 days per week
Please Indicate AM, PM, Extra Hours:
A.M. Morning Session
P.M. Afternoon Session
Lunch Bunch (11:30-12:30-additional fee applies)
Half-Day Schedule based on Toms River School's Calendar

School Day & Extended Day SESSIONS ONLY
Please Indicate Choice of Program
Infant /Toddler (8 weeks - 20 months)
Terrific Two's (20-30 months by October 1st)
Junior Preschool (2 1/2 years by October 1st)
Preschool (3 years by Oct. 1st-must be potty trained)
Pre-Kindergarten (4 by October 1st)
Please Indicate Choice of Schedule:
T/Th (2) days per week 2 days (Bldg 2)
MWF (3) days per week 3 days (Bldg 2)
4 days per week (Bldg 2)
5 days per week
Please Indicate School Day or Extended Day:
School Day (6 hours: 9:00-3:00)
Extended Day (up to 9 hours) from AM to PM
10th hour (additional fee applies)
Please Indicate Calendar Choices:
Toms River School Year Calendar (180 days)
Early Learning Center Calendar (ELC Per Diem Days)

I attest that all information is accurate & I have read the following school policies: Information to parents*, school policy on expulsion*, release of children*, discipline*, medication & communicable diseases*, parent handbook*. By providing us with your email address, you are authorizing BNS to send you weekly school updates electronically. You will also receive an invite to access the COR Family Network. By providing us with your phone carrier, you authorize BNS to communicate school info, closings, delays & emergencies via text messaging. I have received a new Universal Health Record & understand the Universal Health Record & Immunizations must be updated annually. I understand all children must meet the NJ Minimum Immunization Requirements for School Attendance. In the event of a medical emergency I authorize school personnel to give/get emergency care for my child. In the event of a community disaster, I authorize Beachwood Nursery School Staff to evacuate my child. *School Policies & Procedures available at www.beachwoodnurseryschool.com. IF ACCEPTED, I AGREE TO PAY THE MONTHLY TUITION OF \$_____ within the first seven days of the month & appropriate LATE FEES or RETURN CHECK FEES if applicable. Uncollected tuition is subject to additional fees if referred to a Collection Agency. ENCLOSED IS THE NON-REFUNDABLE REGISTRATION FEE OF \$_____ FOR ENROLLMENT FOR THE ABOVE CHILD.

PARENT SIGNATURE _____ DATE _____

Office use only: Room # _____ Session _____ Building _____ Monthly Tuition Rate: _____
Registration Fee of \$_____ Paid On ___/___/___ Ck # _____ Receipt # _____ Credit Card _____ Received by _____
Tuition Deposit of \$_____ Paid On ___/___/___ Ck# _____ Receipt # _____ Credit Card _____ Received by _____

