

Please check one:  Re-Enrollment  New Registration

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

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](http://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** \_\_\_\_\_

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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 \_\_\_\_\_