

**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: \_\_\_\_\_

**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 **Custody Agreement?**  Yes  No  
**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.  
**PERSONS NOT AUTHORIZED TO VISIT OR PICK UP CHILD:** \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

**School Day & Full Day Programs**  
**Please Indicate Age Group**

Infant /Toddler  
 Terrific Two's  
 Preschool  
 Pre-Kindergarten/Kindergarten

**Please Indicate School Day, Extended Day:**

School Day (9:00-3:00)  
 Extended Day (up to 9 hours)  10<sup>th</sup> hour \_\_\_\_\_  
 Drop off time: \_\_\_\_ A.M. to Pick up time: \_\_\_\_ P.M.

**Indicate Choice of Days & Add-Ons:**  
 Choose a minimum of 2 days  
 Add-ons are optional & are an extra fee

<input type="checkbox"/> Monday	<input type="checkbox"/> Add-On: Mon: HWT Write-On
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Add-On: Tues: Soccer Shots
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Add-On: Wed: Fun Bus
<input type="checkbox"/> Thursday	<input type="checkbox"/> Add-On: Thurs: Broadway on the Go
<input type="checkbox"/> Friday	<input type="checkbox"/> Add-On: Fri: Lego Simple Machines

**Choose Your Session:**

Session 1: June 27 – July 22, 2016  
 Session 2: July 25- August 19, 2016

**Half Day Summer Program: 9:15-11:45**  
**Located in Building 1**  
**Please Choose Your Child's Age Group:**

Preschool (3's & 4's): Tuesday/Thursday  
 Pre-Kindergarten (4's & 5's): Mon/Wed/Fri

**Please Choose Your Weeks:**

Week 1: July 5-8 (Red-White & Blue Week)  
 Taught by Mrs. Finley-Stolte

Week 2: July 11-15 (Little Scientists Week)  
 Taught by Mrs. Wnek

Week 3: July 18-22 (Little Chef Week)  
 Taught by Mrs. Finley-Stolte

Week 4: July 25-July 29: (Lego Exploration Week)  
 Taught by Mrs. Wnek

Week 5: August 1-5: (ABC Warm Up: Part 1)  
 Taught by Mrs. Keenan

Week 6: August 8-12: (ABC Warm Up: Part 2)  
 Taught by Mrs. Keenan

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. 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 TOTAL SUMMER TUITION OF \$ \_\_\_\_\_ in 2 payments on 6/27/16, 7/25/16. I will be held responsible for any LATE FEES or RETURN CHECK FEES if applicable. Uncollected tuition is subject to additional fees if referred to a Collection Agency. Add-Ons & Class trips are an additional fee. ENCLOSED IS THE NON-REFUNDABLE REGISTRATION FEE of \$ \_\_\_\_\_ FOR ENROLLMENT for THE ABOVE CHILD.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Office use only: Room # \_\_\_\_\_ Session \_\_\_\_\_ Building \_\_\_\_\_  
 Registration Fee of \$ \_\_\_\_\_ Paid On \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck # \_\_\_\_\_ Receipt # \_\_\_\_\_ Credit Card \_\_\_\_\_ Received by \_\_\_\_\_  
 Tuition payment #1 \$ \_\_\_\_\_ Paid On \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck# \_\_\_\_\_ Receipt # \_\_\_\_\_ Credit Card \_\_\_\_\_ Received by \_\_\_\_\_  
 Tuition payment #2 \$ \_\_\_\_\_ Paid On \_\_\_\_/\_\_\_\_/\_\_\_\_ Ck# \_\_\_\_\_ Receipt # \_\_\_\_\_ Credit Card \_\_\_\_\_ Received by \_\_\_\_\_

