

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: _____

School Age Program
Please Indicate Choice of Program & Bus Route
School Age Before/After Care --Kingergarten-2nd grade (age 8)
Pine Beach Elementary School **
**(Only Returning Families...must be grandfathered in by TR Schools)
Beachwood Elementary School
Please Indicate Choice of Schedule:
2 days per week
3 days per week
4 days per week
5 days per week
Please Indicate Hours Needed:
AM Drop Off
PM Pick-Up
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 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 _____

