

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 #: _____

Summer Session 2018

Please Indicate Age Group
 BNS will confirm class placement depending on enrollment & status of potty learning.

Infant /Toddler (starting at 8 weeks)
 Terrific Two's
 Preschool
 Pre-Kindergarten
 Kindergarten - School Age

Please Indicate School Day, Extended Day:
 Part Day (8:45-12:15) *Twos-School Age
 School Day (8:45-3:00)
 Extended Day (up to 9 hours)
 10th Hour or any portion of an hour

Drop off time: ____ A.M. to Pick up time: ____ P.M.

Indicate Choice of Days:
 Choose a minimum of 2
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Please Indicate Week
 Choose a minimum of 3 weeks
 Week 1: June 25-June 29
 Week 2: July 2-6
 Week 3: July 9-13
 Week 4: July 16-20
 Week 5: July 23-27
 Week 6: July 30- Aug 3
 Week 7: Aug 6-10
 Week 8: Aug 13-17
 Week 9: Aug 20-24

Ballet Camp with Elizabeth Letrick
 9 am - 12 pm
 \$125 per week

Sleeping Beauty Ballet Camp:
 July 16th-20th (9am-12pm)

Mermaid Ballet Camp:
 August 6th - 10th (9am-12pm)

Checks for Ballet Camp are made payable to Elizabeth Letrick.

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 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. IF ACCEPTED, I AGREE TO PAY THE TOTAL SUMMER TUITION OF \$_____. A 2 week tuition deposit is due 6/15/18. Additional payments are due 7/1/18 and 8/1/18. I will be held responsible for any LATE FEES or RETURN CHECK FEES if applicable. Uncollected tuition is subject to be billed an additional 40% collection fee if referred to a Collection Agency. ENCLOSED IS THE NON-REFUNDABLE REGISTRATION FEE for BNS Summer Enrichment Programs 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 Deposit	\$ _____	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 _____

