



Kindergarten Enrollment Application

I am registering my child for the full day Kindergarten Program.

Class hours are 9:00 a.m. - 3:15 p.m. Monday through Friday.

Will your child need additional hours?

Before Care **After Care until _____**

Date of Application _____

Child's Name _____ Sex _____

Address _____ Birthdate _____

_____ Home Phone _____

Child's Nickname _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Company Name _____ Company Name _____

Company Address _____ Company Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail home: _____ E-mail home: _____

Sibling's Name _____ Birthdate _____ Sex _____ Age _____

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Child's Doctor _____ **Doctor's Phone #** _____

Doctor's Address _____

Persons authorized to pick-up child and/or contact in case of an emergency if neither parent is available:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Are there any special talents or interests that your child has? _____

For the purpose of planning our holiday projects, please list celebrated holidays and religious affiliations.

Are there any areas of concern or special information relevant to your child that we should be aware of?

Does your child have any special dietary restrictions?

Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detailed medical information must be provided on a separate Medical Form					

Signature of Parent or Guardian

Date

If parents are separated or divorced, please complete the following:

Name of parent **not** living with child _____

Address of parent **not** living with child _____

_____ Phone _____

Any additional information _____

PLEASE ENCLOSE \$40 REGISTRATION FEE, PLUS ONE MONTH'S **NON-REFUNDABLE** ADVANCE TUITION FOR JUNE'S PAYMENT. THIS PAYMENT IS APPLIED TO THE **LAST MONTH OF THE SCHOOL YEAR.**

MAIL COMPLETED APPLICATION TO:

KEYBOARD KIDS, 6-10 TOWNE CENTER DR., NORTH BRUNSWICK, NJ 08902

TEL # 732-821-1400