



## Pre-School Enrollment Application

How many days are you registering for?

5 Days

3 Days

2 Days

Which program are you registering for?

Extended Day

Morning

Afternoon

Will your child need additional hours?

Before Care

After Care until \_\_\_\_\_

(pick up time)

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 \_\_\_\_\_

E-Mail address \_\_\_\_\_

E-Mail address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Sibling's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

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
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\_\_\_\_\_  
**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**