



Application for the Giving Nest Preschool Martinsville

1949 Washington Valley Road

Martinsville, NJ 08836

Phone (732) 302-1321 Fax (732) 302-0044

(Please Print Neatly & Complete BOTH SIDES of Application)

This application is for September 2017, 2018, 2019, 2020

Today's Date: _____ Today My Child is _____ Years Old

I am interested in (#) _____ days per week.

Child's Last Name _____ First Name _____
Nickname if preferred _____

Birth Date ____/____/____ Sex _____ Home Phone (____) _____

Street Address _____ Apt. # _____

Town _____ Zip _____

Parent's Name _____ Sex _____ Occupation _____

Parent's Cell Phone # (____) _____ Bus. Phone (____) _____

Parent's Name _____ Sex _____ Occupation _____

Parent's Cell Phone # (____) _____ Bus. Phone (____) _____

Email Addresses are very important: It is our means of communicating information (Reminders, Delayed Openings/School Closings, Class Information, etc.) Please list the email address(es) that you would like us to use (Please print NEATLY)

Initial here _____ to give permission to share my child's name, address, phone number and email address on the class list (This is nice to have for birthday party invitations, etc.)

What phone number do you want on the class list? (____) _____

What email do you want on the class list _____

Marital Status _____ Primary Language Spoken at Home _____ Child's Country of Birth _____

Family Religion _____ (This helps to determine which holidays to celebrate in your child's class throughout the year)

Please describe any medical, physical, and/or other problems your child has (INCLUDE ALLERGIES – ESPECIALLY FOOD, ANY UNUSUAL MARKINGS ON YOUR CHILD'S BODY: BIRTHMARKS, RASHES, SKIN CONDITIONS ETC). If none, please indicate _____

Please refer to the list of class offerings for the 2017/18 School Year.

1st Choice: Class Letter _____ Class Name _____ Days/Time _____

2nd Choice: Class Letter _____ Class Name _____ Days/Time _____

Pediatrician's Name _____ Phone: (_____) _____

I hereby give permission for my child _____ to be given medical treatment by qualified medical personnel if neither parent can be contacted during a medical emergency.

Parent's Signature _____ Date _____

Please put the name & phone number of the person to call if parent/guardian cannot be reached.

Person's Name _____ Phone Number (_____) _____

Names and Ages of Siblings _____

Please tell us a few things about your child so we can get to know him/her better: _____

What do you hope your child will gain from attending the Giving Nest? _____

Has your child been or is he/she currently enrolled in another school? _____ If yes, where?

How did you hear about the Giving Nest? (Please Circle):

Friend/Relative (name) _____ Advertisement Church Bulletin Social Media Website

Facebook On-line Search

***Price explanation:** - Annual tuition fees are divided into ten monthly payments. The first tuition payment and a \$50.00 registration fee per family is due when you enroll your child. The second payment is due June 1, 2017. The third payment is due October 1st and the tenth payment is due May 1st.

If you register after June 1st, 2017 the second payment is due thirty days after you register or before your child begins school, whichever comes first. Please call the school if you have any questions regarding enrollment.

***Refund Policy:** For the 2017-18 School Year: If you withdraw your child from our program we will need a dated and written notice. We will refund your payment minus the \$50 registration fee, up until June 1, 2017. If you request to cancel enrollment after June 1, 2017, you will receive a refund minus the \$50 registration fee once your child's spot has been filled.

***Acceptance Policy:** The Giving Nest Preschool admits students, of any race, color, national and ethnic origin, to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

****Please sign here to state that you have read, understand and are in agreement with the above price explanation, refund policy and acceptance policy.***

Parent signature _____ Date _____

(We will not accept any applications without this signature. Thank you)