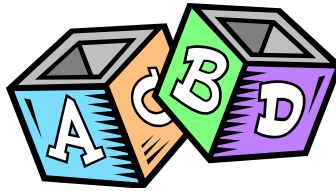South Branch Reformed Church
Preschool

A great introduction to Preschool !

Early Beginnings

A Parent/Toddler Program for 2 Year Olds

Spring Session : February 15 – April 26, 2017
Meeting Wednesdays
from 9:00am-10:00am

10 week session (no class April 12) - **$125.00**
Children attend with a parent (or Caregiver)
and should be 2 years old by March 2017.

Classes will include Circle Time, Activity Time, Snack Time,
Music & Movement.
Class is limited to 10 Children

Please complete the application on the reverse side and return it
to us with payment by January 27, 2017.

South Branch Reformed Church Preschool
870 River Road
Hillsborough, NJ 08844
(908) 369-7885   Email:Preschool@SBRChurch.org

Early Beginnings

Session: Wednesdays, February 15 – April 26, 2017

Please Print Clearly:

Child's Name_____ Date of Birth _____

Parent's Names_____

Name of Attending Adult_____

Address_____

City / State / Zip Code_____

Home Phone #_____ Cell Phone #_____

Email Address:_____

In the event of an emergency please contact:

Name_____ Relationship_____

Phone #_____

Does the above named child have any physical or emotional needs that might interfere or affect in any way his or her experience in this program?   Yes   or   No

Explain:_____

Allergies:_____

I understand that all fees are payable in advance with this application in the amount specified and that no child may enter or continue to attend unless all fees are paid up-to-date. This application does not guarantee acceptance. When accepted and returned, the school agrees to reserve space for the above named child for the period specified. I understand that, if this application cannot be accepted by the South Branch Reformed Church Preschool, no contractual relationship shall exist between us, and my payment will be returned in full. I understand that the dates of enrollment cannot be altered. I agree that enrollment is for the entire period specified and there will be no refunds or credit except as follows; a child is unable to attend due to serious injury or illness that is confirmed in writing by the child's physician.

I have read the conditions of this agreement and accept them as stated. The South Branch Reformed Church Preschool reserves the right to cancel programs should there be insufficient enrollment.

_____   _____
Parent Signature   Date