

**Three Bridges Christian Nursery School**  
**At the Three Bridges Reformed Church**  
PO Box 47, 470 Main Street,  
Three Bridges, NJ 08887  
Phone: (908) 782-4201 Fax: 806-0750  
2010-2011

<b>School Use Only</b> Date Recd _____ May Tuition \$ _____ Registration Fee \$ _____ Check Number _____ Cash Receipt # _____ Amount Cash \$ _____
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**PLEASE CHECK THE SESSION IN WHICH YOU ARE INTERESTED:**

**2 Day**  
Mon/Wed \_\_\_\_\_ (2 ½ - 3 ½ yrs old by Oct. 1, 2010)  
Tues/Thurs \_\_\_\_\_ (3 - 4 yrs old by Oct. 1, 2010)

**3 Day** \_\_\_\_\_  
Tues/Wed/Thurs (Multi-aged 3 ½ yrs-5 yrs by Oct. 1, 2010)

**4 Day Pre-K** \_\_\_\_\_  
Mon/Tues/Wed/Thurs (4 yrs old by Oct. 1, 2010)

**Time for Fives** \_\_\_\_\_  
Mon/Tues/Wed/Thurs (5 yrs old by Dec. 31, 2010)

Child's Full Name \_\_\_\_\_ Male Female  
(Last) (First)

Nickname \_\_\_\_\_

How would you like your child to recognize and write his/her name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of October 1st \_\_\_\_\_ Years \_\_\_\_\_ Months

Father's/Guardian Name \_\_\_\_\_ Mother's/Guardian Name \_\_\_\_\_  
Married Single Divorced Widowed Separated

Mailing Address \_\_\_\_\_  
(Street) (Town) (State) (Zip)

Home Phone \_\_\_\_\_ School District \_\_\_\_\_

Does your child receive extended care by someone other than the parent? Yes No

By whom \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Brothers (Names & Ages) \_\_\_\_\_

Sisters (Names & Ages) \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Email \_\_\_\_\_

How did you hear about our school? Previous Family Enrollment or: \_\_\_\_\_

What are your reasons for wanting your child to attend Nursery School? \_\_\_\_\_

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**PERSONALITY**

How does your child react to other children? \_\_\_\_\_

What is his/her reaction to adults? \_\_\_\_\_

Can he/she amuse himself/herself?    Yes    No    How? \_\_\_\_\_

Which hand does your child usually use? \_\_\_\_\_

Has your child had experience with creative materials (clay, paint, crayons)? Please explain:

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**ADDITIONAL INFORMATION**

Does your child have any special needs or handicaps?    Yes    No    If yes, please explain

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Does your child have any unusual fears?    Yes    No    If yes, please explain:

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List any Allergies\* \_\_\_\_\_

List any food allergies\* \_\_\_\_\_

\*If your child has any allergies, an Allergy Action Plan must be filled out by your doctor.

In what way would you be able to assist in the school?

- Driving    Baking    Phoning    Group Mom    Crafts    Programs    Special Committees

***Please attach a \$30.00 non-refundable registration fee plus the first month tuition payment with this form.***