



# New Beginnings Preschool at Grace Lutheran Church

925 Fifth Avenue, River Edge, NJ 07661 Tel: 201-261-5415/Fax: 201-483-9360

E-Mail: admin@newbeginningsatgrace.com

## KINDERGARTEN REGISTRATION FORM

### GENERAL CONTACT

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Best Daytime Phone # \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

### SCHEDULE

*New Beginnings Full Day Kindergarten Program is Monday through Friday, 8:30 am to 3:30 pm.  
Please indicate any extended hours needed.*

<b>Extended Hours Days of the Week</b> <i>(check days and time periods required)</i>					
<b>Extended Hours</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
7:00-8:30 am					
3:30-4:30 pm					
3:30-6:00 pm					
3:30-7:00 pm					

### FAMILY INFORMATION

	<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Name		
Cell Phone		
E-Mail		
Occupation		
Company Name		
Company Address		
Work Phone		



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Please list all members of household and ages of children

\_\_\_\_\_  
\_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

If parents are not living together, with which parent does child reside? \_\_\_\_\_

Please give specific instructions regarding custody and visitation arrangements if parents are not living together. *If there is a visitation court order in effect, please provide a copy to the school office.*

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please provide information on two individuals ***in addition to parents/guardians*** that we may contact in the event of an emergency and we cannot reach you.

	Emergency Contact 1	Emergency Contact 2
Name		
Address/City		
Best Daytime Phone		
Relation to Family		
Authorized Pick Up?		

Please list any other individuals authorized to pick up your child from school.

### AUTHORIZED CHILD PICK UP

Name	Phone	Address	Relation to Family

\_\_\_\_\_  
(parent signature)

\_\_\_\_\_  
(date)



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### MEDICAL INFORMATION AND RELEASE

Please provide a copy of your child's most recent immunization and health records stamped or signed by your pediatrician – these are required in order for your child to begin school.

<b>Child's Allergies</b> (list any known)	
<b>Child's Medications</b> (list any currently in use)	
<b>Pediatrician</b>	Name:
	Address:
	Telephone:
<b>Medical Insurance</b>	Provider:
	Policy ID:
	Policy Holder Name:
<b>Hospital Preference</b>	

As parent/guardian, I give consent to have my child, \_\_\_\_\_, receive first aid by the childcare staff, *and if necessary*, be transported to the hospital to receive emergency care. I give consent for the emergency contact person listed below to act on my behalf until I am available. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

In the event you are unable to reach me or my spouse, please attempt to contact the following person, whom I give authorization to give consent for medical care for my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Address/City: \_\_\_\_\_



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I give permission for my child or my family to participate in the following activities:

**Check Yes or No**

*YES, I give  
permission*

*NO, I do not give  
permission*

**Voice/Photo/Video**

Permission to use child's voice, photograph (without name) or video to promote New Beginnings Preschool with the public (e.g., advertising, news items for local newspaper, church bulletin or newsletter)

\_\_\_\_\_

\_\_\_\_\_

**Reference for Prospective Parents**

Permission to use name as reference for parents interested in the preschool, who may contact you with questions.

\_\_\_\_\_

\_\_\_\_\_

Would you like to volunteer to help out with fundraising, planning events, parties or special activities? Do you have a talent you might share with our classes, such as playing an instrument? We would love to hear from you.

Yes, please call me. I would like to help with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_