

WAITING LIST

THE BEECHWOOD SCHOOL

**PRESCHOOL & KINDERGARTEN
2017 – 2018 REGISTRATION FORM**

Name of Child _____ Sex: M/F Date of Birth _____
Street _____ Home Telephone _____
City, State, Zip Code _____ E-mail Address _____
Parents (Mother) _____ Work# _____ Cell # _____
or Guardian (Father) _____ Work# _____ Cell# _____

Has your child previously attended preschool? _____ Where _____
Recommended by _____

Fall Session - September 6, 2017 through mid- June, 2018

Program desired: Preschool _____ Kindergarten _____

_____ Half Day (9:00am - 11:30am)

_____ Half Day & Lunch (9:00am - 1:00pm)

_____ Full Day 7:15am - 5:30pm) approx. arrival _____ am; approx. departure _____ pm

_____ Other (indicate arrival & departure time to the right of desired days.)

Number of days enrolled: Two _____ Three _____ Four _____ Five _____

Days Preferred: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Comments: _____

I authorize BEECHWOOD SCHOOL to use photographs of my child on their public website without the use of my child's name. Yes _____ No _____

I authorize BEECHWOOD SCHOOL to use photographs in which my child appears for educational purposes. Yes _____ No _____

I authorize my child to go on local walks as part of the school program. Yes _____ No _____

I authorize my child to be taken to a hospital in an ambulance in case of an emergency. Yes _____ No _____

Upon confirmation of placement, a \$150 non-refundable registration fee and a \$225 tuition deposit will be required to secure your child's enrollment.

Signature _____ Date _____

Please return form by mail to: The Beechwood School, P.O. Box 73, Haddonfield, NJ 08033
or scan and email to : mmbeechwood@comcast.net