

THE BEECHWOOD SCHOOL
PRESCHOOL & KINDERGARTEN
PO Box 73, 441 Beechwood Ave., Haddonfield, NJ 08033
856-429-0303
NEW 2019 – 2020 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 _____

Summer Session – June 24, 2019 through August 15, 2019

Please mark the exact weeks you plan to attend. (There is a **minimum of 6 weeks** registration.)

NOTE: *Beechwood will be closed July 4th in observance of Independence Day.

Wk. of 6/24 ___ Wk. of 7/1 ___ Wk. of 7/8 ___ Wk. of 7/15 ___
Wk. of 7/22 ___ Wk. of 7/29 ___ Wk. of 8/5 ___ Wk. of 8/12 ___

_____ Half Day (9:00am - 11:30am)
_____ Half Day & Lunch (9:00am - 1:00pm)
_____ Full Day (M, T, W & R) (7:30am - 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 ___
Days Preferred: Monday ___ Tuesday ___ Wednesday ___ Thursday ___
Vacation Schedule: _____

(All vacations and withdrawals are to be finalized by March 1, 2019 to receive a tuition deposit or credit.)

Comments: _____

WAITING LIST

Fall Session - September 4, 2019 through mid-June, 2020

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 ___

A \$150 non-refundable registration fee and a \$225 tuition deposit are required to secure your child's placement.

Withdrawal after March 1, 2019 from the school year, will incur the loss of your tuition deposit.
Withdrawal after June 30, 2019 will incur a 50% loss of your 1st tuition installment as well as the tuition deposit.
Withdrawal after July 30, 2019 will incur a 100% loss of your 1st tuition installment as well as the tuition deposit.

Signature _____ Date _____