PRESCHOOL & KINDERGARTEN

856-429-0303

2024 SUMMER WAITING LIST

REGISTRATION FORM

Name of Child		(M)_	<u>(F)</u>	Date of Birtl	h		
Street			_ Primary	phone#			
City, State, Zip Code							
Parents(Mother)	Cell#						
or Guardian(Father)	Cell#			_Email			
Has your child previously attende	d preschool? Wh	nere					
Recommended by							
Summer Session – June 24, 2 • Mandatory 6 week m • Mandatory 4 days pe	inimum enrollment		flexible				
Wk. of 06/24	Wk. of 07/01*	W	/k. of 07/0	08 W	/k. of 0′	7/15	
Wk. of 07/22	Wk. of 07/29	W	/k. of 08/0	05 W	/k. of 0	8/12	
*Closed July 4 in observance (All schedule adjustments ar	of Independence Day						
Half Day (9:00am - 11:3Half Day & Lunch (9:00Full Day (M, T, W &R)Other type of schedule (I *Early arrival on a half Preferred Hours: Monday	am - 1:00pm) (8:00am – 5:00pm) ap Please indicate arrival f day schedule is an ac	& depart	ure time t cost	o the right of	desired	days.)	
Comments:							
I authorize BEECHWOOD SCHOOI the use of my child's name and to use I authorize my child to go on local we I authorize my child to be taken to a local way.	e photographs in which my alks as part of the school p	child apperogram.	ears for edu	cational purpose		Yes	No No No
Fees due upon confirmation o	of placement: A nonre	efundable	: \$200 reg	istration fee a	and a \$3	300 tuitic	on deposit
	Signature			Γ	Oate		