

Toddler Time Application

SAND HILLS PRESCHOOL
GRACE PRESBYTERIAN CHURCH
732-940-1515

Child's Full Name _____ Preferred Name _____

Date of Birth _____ Sex _____ Phone _____

Address _____ City _____ Zip _____

Parent/Guardian's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

Parent/Guardian's Name _____ Cell Phone _____

Occupation _____ Business Phone _____

Email address _____

Emergency Contact: Name _____

Address _____

Phone _____

A parent/guardian or their designated responsible adult caregiver must attend each class when child attends.

Name of person who will accompany child _____

Phone Number _____

Toddler Time Enrollment is for 30 weeks from September 27, 2017 through May 16, 2018.

A COPY OF THE CHILD'S HEALTH IMMUNIZATION RECORD MUST BE PRESENTED WITH PAYMENT.

Please read and sign: I understand that I, (or my designate) am to stay with and directly supervise my own child. Sand Hills Preschool will not be responsible for liability in regard to accidents and injuries.

Parent/Guardian's Signature _____ Date _____

For office use only:

Non Refundable registration fee \$10 & Tuition \$450/year

Paid by check # _____