## **Toddler Time Application**

SAND HILLS PRESCHOOL GRACE PRESBYTERIAN CHURCH 732-940-1515

Child's Full Name		Preferred Name
Date of Birth	Sex	Allergies? Y/N
Address		CityZip
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 perso	n who will accompany	child	 
Phone Number			

Toddler Time Enrollment is for 30 weeks from October 2, 2024 through May 2025 on Wednesdays from 10 - 11:30 am. Child must turn 2 by Dec 31, 2024.

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 regarding accidents and injuries.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**For\_office use only:** *Non Refundable* registration fee \$10 & Tuition \$500/year

Paid by check # or Brightwheel date\_\_\_\_\_