



PRESCHOOL PROGRAM
AGE 3-5 YEARS OLD

Preschool Head Teacher: Christina Carosella
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908-273-4242 X 112

APPLICANT INFORMATION:

Child's Name: _____ Gender: M / F
Date of Birth: ____/____/_____
Home Address: _____
City: _____ Zip: _____
Home phone #: _____

PARENT INFORMATION:

Parent(s) or Guardian(s) with whom the child is living with:

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Work #: _____ Work #: _____
Cell #: _____ Cell #: _____
E-mail: _____ E-mail: _____

If your child has a caregiver, please list their contact information:

Name: _____
Phone #: _____

PLEASE SELECT THE PROGRAM YOU WISH TO ENROLL YOUR CHILD IN:

8:45-11:30	8:45-1:00	8:45-2:30
M TU W TH F	M TU W TH F	M TU W TH F

PHOTO RELEASE:

[] I DO give permission for my child's picture to be used for The Connection literature, social media, or website. No personally identifiable information will be shared.

Signature: _____ Date: _____

MEDICAL RELEASE :

In the event that I cannot be reached in an emergency, an authorized representative of The Connection may obtain necessary emergency medical treatment for the child named above.

Signature _____ Date: _____



The Connection's Preschool Program YEARLY PAYMENT AGREEMENT 2018-2019

I understand that my child, _____ will be enrolled in:

The Connection's Preschool Program.

Starting in September, 2018 for _____ days a week, excluding school holidays. **A non-refundable deposit of \$250 and a Connection Membership fee of \$57 are due at the time of registration.** *I understand that I can terminate this contract by notifying The Connection in writing, giving 30 days' notice and that failure to meet the terms of this payment agreement could jeopardize my child's place in the program.*

Signature: _____

PLEASE CHOOSE A PAYMENT OPTION

Option I: Payment in full

I have enclosed a check, payable to The Connection.

Please charge to my VISA or MC (*see below*).

Option II: Monthly payments (credit card only)

Please charge \$ _____ to my credit card each month beginning in August.

CREDIT CARD INFORMATION (for Option I or II):

I hereby give authority to The Connection to use my charge account.

Signed _____

Visa / MC #: _____

Exp. Date: _____ Name on Card _____

PLEASE MAIL/RETURN TO:

The Connection's Preschool Program, 79 Maple Street, Summit, NJ 07901