



PRESCHOOL PROGRAM  
AGE 3-5 YEARS OLD

Preschool Head Teacher: Christina Carosella  
[christina.carosella@theconnectiononline.org](mailto:christina.carosella@theconnectiononline.org)  
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 2019-2020

I understand that my child, \_\_\_\_\_ will be enrolled in:

### The Connection's Preschool Program.

Starting in September, 2019 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, AMEX 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 / AMEX/ MC #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Name on Card \_\_\_\_\_

### PLEASE MAIL/RETURN TO:

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