



PRESCHOOL PROGRAM
AGE 3-5 YEARS OLD

preschool@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:

Primary Parent(s) or Guardian(s):

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 CHECK THE DAYS/TIMES YOU WISH TO ENROLL YOUR CHILD (3 day minimum):

8:45am-12:30pm

8:45am-2:30pm

___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 2022-2023**

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

The Connection's Preschool Program.

Starting in September, 2022 for _____ days a week, excluding school holidays. **A non-refundable deposit of \$200 and a Connection Membership fee of \$60 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**

___ Enclosed is a check, payable to **The Connection** or

___ I authorize The Connection to use my charge credit card on file

___ Please call me to put a new card on file

___ **Option II: Monthly payments (credit card only)**

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

___ I authorize The Connection to use my charge credit card on file

___ Please call me to put a new card on file

PLEASE MAIL/RETURN TO:

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

Please do not mail or email credit card information.