

Application For Admission

(Please complete and mail with your \$40.00 registration fee (check only))

Child's name _____ Birthdate _____ Age _____

Parent's Name _____ Email _____

Address _____

Phone (home) _____ (cell) _____

Check one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> 2½-Year Old Class | <input type="checkbox"/> 3-Year old Class, 2 day | <input type="checkbox"/> Four-Year Old Class, 3 day |
| | <input type="checkbox"/> 3-Year old Class, 3 day | <input type="checkbox"/> Four-Year Old Class, 4 day |

(Please make check payable to: Jubilee Preschool•520 S. Kings Hwy•Cherry Hill, NJ•08034)

Parent Signature _____ Date _____