

# 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, 4 day |
|  | <input type="checkbox"/> 3-Year old Class, 3 day | <input type="checkbox"/> Four-Year Old Class, 5 day |

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_