

Mommy & Me

(2 -3 years)

2016-2017

Name of Child _____ Male/Female Birth date _____

Address: _____ Zip Code _____

Telephone: (Home) _____ (Cell) _____

Child resides with _____ Email _____

Name of Father/Guardian: _____ Occupation: _____

Business Address: _____ Telephone: _____

Name of Mother/Guardian: _____ Occupation: _____

Business Address: _____ Telephone: _____

Church membership of Mother/Guardian: _____

Church membership of Father/Guardian: _____

Child's Sunday school: _____

Number of other children in the family (give name, age, and sex of each child)

Other adults living in the household (grandparent, aunt or uncle,
etc.): _____

I would like my child enrolled in Weekday Preschool because

(All children must be accompanied by an adult. All children must be 2 prior to first class. Class time is 9:30-10:45am. If warranted an additional class will be added. Registration fee/\$10. Cost is \$35/per 4 week session or \$140 for all 16 weeks)

Class sessions on Wednesdays

Session 1-Sept. 21st and 28th Oct. 5th, 12th, 19th and 26th (Halloween Party)

Session 2- November 2nd, 9th, 16th, 23rd (Thanksgiving Party), and 30th

Session 3-December 7th, 14th, 21st (Christmas Party)

Session 4- January 11th, 18th, and 25th

More sessions will be added through April.

Please check classes attending:

1st Session: _____

2nd Session: _____

3rd Session: _____

4th Session: _____

Snack will be provided at each class.

Please list any food allergies your child may have:

Sample Program: (Subject to Change)

Opening Free Play

Circle Time

Craft Corner

Snack

Closing Circle

Parent Signature: _____ Date: _____

*Please return all applications to: Weekday Preschool, 10 Wildwood Ave, Pitman, NJ 08071.
Any questions please call 589-5021.