

**THE PALMER SCHOOL
P.O. BOX 575
BERNARDSVILLE, N.J. 07924
(908) 766-3353
DIRECTOR – Shannon Vincenti**

REGISTRATION APPLICATION

How did you hear about our program? _____

Child's Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

AVAILABLE PROGRAMS

(Please check class and circle number of days needed) (Birth Cut-off Date - October 1st)

	Class		Days per Week			
			5	4	3	2
<input type="checkbox"/>	Infants	(6 weeks – 1 yr.)	5	4	3	2
<input type="checkbox"/>	Toddler I	(1-2 years)	5	4	3	2
<input type="checkbox"/>	Toddler II	(2 - 3 years)	5	4	3	2
<input type="checkbox"/>	Rainbows	(3 – 4 years)	5	4	3	2
<input type="checkbox"/>	Sunbeams	(4 – 5 years)	5	4	3	2

Please indicate what combination of days desired: _____

Father's Name: _____

Employer: _____

Work Phone #: _____

Employer Address: _____

Work Schedule: _____

Mother's Name: _____

Employer: _____

Work Phone #: _____

Employer Address: _____

Work Schedule: _____

Starting Date Preferred: _____

Expected Hours of care: _____ - _____

(Arrival)

(Departure)

Parent's Signature: _____

Date: _____

A registration fee of \$60.00 must accompany this application. This fee is non-refundable and is valid for 1 year from pre-enrollment conference date. To remain on the waiting list after this date requires re-registration and re-payment of fee. The Palmer School will not discriminate against any applicant based on race, color, religion, or national origin.