

Pilgrim Preschool

Glen Ridge Congregational Church
195 Ridgewood Avenue Glen Ridge NJ 07028

973-743-5596 Ext 13

www.pilgrimpreschoolnj.com

Mary Duus, Director

mduuspps@gmail.com

Glen Ridge Congregational Church Tax ID: 22-1487206

Registration Information

Please answer each question. Any changes or updates should be provided to the Director as soon as possible.

Please check your choice in the boxes below:

1. **2.5 year old/3 year old hybrid program:** 3 or 5 days/week (Child must be 2.5 or 3 by October 1)

a. 8:30 – 12:30 (Monday – Friday)

b. 8:30 – 12:30 (Tuesday, Wednesday, Thursday)

2. **3 year old program – choose 1:** 3 or 5 days/week (Child must be 3 by October 1)

a. **Program 1:** 5 mornings and 3 afternoons

i. 8:30 – 12:30 (Mon and Fri) and 8:30 – 2:30 (Tues, Wed, Thurs)

b. **Program 2:** 5 mornings

i. 8:30 – 12:30 (Monday – Friday)

c. **Program 3:** 3 mornings

i. 8:30 – 12:30 (Tuesday, Wednesday, Thursday)

3. **Pre K program:** (Child must be 4 years old by October 1) **5 days/week only**

a. 8:30 – 2:30 (Tues, Wed, Thurs) and 8:30 – 12:30 (Monday and Friday)

Child's Name: _____

Child likes to be called: _____

Birth date: _____

Primary address: _____

Preferred telephone: _____

Preferred email: _____

Parent/Guardian Information

1. Name: _____
Address: _____
Telephone: _____
Cell Phone: _____
Business Name/Address/Telephone _____

2. Name: _____
Address/Home Telephone: _____

Cell phone: _____
Business Name/Address/Telephone: _____

Siblings/Other Household Members

Names/Ages/Relationship: _____

Languages spoken to and by the child: _____

Physician's Name/Address/Telephone: _____

My child is has been vaccinated in compliance with New Jersey's Department of Health guidelines. (Please check)

Is your child able to participate in all activities at Pilgrim Preschool? _____

Any concerns? _____

Are there any conditions or accommodations needed?

(Speech/OT/Allergies): _____

Signature of parent or guardian: _____

Date: _____

Thank you!