



600 East Moss Mill Road
Galloway, NJ 08205

Application for the 2017-2018 School Year

INFORMATION ABOUT YOUR CHILD

Name: _____ Birth Date: _____ Age by October 1st _____

Name Your Child Wishes to Use at School _____ Gender: ___ F ___ M

Home Address _____
Street/Apt. _____ City _____ Zip Code _____

Please check the class that applies: Preschool of the Arts _____ Blossom and Bloom Therapy Preschool
_____ Early Preschool (2.5-3yrs)
_____ Preschool (3 by October 1st)
_____ Little Sprouts (6 weeks- 2.5yrs) _____ Pre-K (4 by October 1st)
_____ Kindergarten (5 by October 1st and 5 full days)

Please select a preferred schedule, and select a second choice (label by choices #1 & #2)
Morning Session 8:30-11:30 Afternoon Session 1:30-4:00 Full day Session 8:30-3:30

___ 2 half day session – Tuesday/Thursday am. or p.m. _____ 2 full day session – Tuesday/Thursday
___ 3 half day session – Monday/Wednesday/Friday a.m. or p.m. _____ 3 full day session – Monday/Wednesday/Friday
___ 5 half day session – Monday-Friday a.m. or p.m. _____ 5 full day session – Monday-Friday

If the schedule you are interested in does not appear please provided us with your desired schedule and we can try to accommodate your needs. The kindergarten program is designed for 5 full days.

Before and After Care will be offered this school year. Please complete a monthly calendar with desired days and times.
(Cost is an additional \$8 per hour)

Morning Session 8:00 – 8:30am Kindergarten 8:00 – 9:00am
Afternoon Session 3:30 – 5:00pm Kindergarten 3:00 – 5:00pm

Does your child have any allergies? (i.e. food, latex, etc.)

Does your child require an epipen? ___ Yes ___ No

Has your child been enrolled in a school program, therapy program or other organized group before? ___ Yes ___ No

If yes, please describe their preschool or program experience:

How did you hear about us? _____

INFORMATION ABOUT YOUR CHILD'S FAMILY

Parent/Guardian Name #1: _____

Home Address: _____

Street/Apt. City Zip Code

E-mail Address: _____ Home Phone: _____

Cell Phone: _____ Occupation: _____

Employer: _____ Employer Phone: _____

Interests/Hobbies: _____

Parent/Guardian Name #2: _____

Home Address: _____

Street/Apt. City Zip Code

E-mail Address: _____ Home Phone: _____

Cell Phone: _____ Occupation: _____

Employer: _____ Employer Phone: _____

Interests/Hobbies: _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

INVESTMENT INFORMATION

Little Sprouts Infant & Toddler Program

2 full day session per week (a.m. and p.m.) = \$210

3 full day session per week (a.m. and p.m.) = \$250

5 full day session per week (a.m. and p.m.) = \$300

Please see program director for half day options.

Preschool of the Arts & Kindergarten

2 half-day session per week (a.m. or p.m.) = \$110

3 half-day session per week (a.m. or p.m.) = \$135

5 half-day session per week (a.m. or p.m.) = \$200

2 full day session per week (a.m. and p.m.) = \$200

3 full day session per week (a.m. and p.m.) = \$245

Blossom & Bloom Therapy Preschool

2 half-day session per week (a.m. or p.m.) = \$130

3 half-day session per week (a.m. or p.m.) = \$165

2 full day session per week (a.m. and p.m.) = \$240

3 full day session per week (a.m. and p.m.) = \$294

Before school/after school - \$4.00 per half hour

5 full day session per week (a.m. and p.m.) = A full time option is only available for those PRESCHOOL students ready for a full school week. This option needs to be discussed with the Program Director by scheduling a meeting. Tuition investment will be discussed at the scheduled meeting.

Kindergarten cost (full day 9:00-3:00 with additional before and after school options) = \$250 per week

Official Use:
Enrollment Start Date:

Weekly Payment Total: