

# Pilgrim Preschool

Glen Ridge Congregational Church  
195 Ridgewood Avenue Glen Ridge NJ 07028  
973.743.5596 Ext 13

[www.pilgrimpreschoolnj.com](http://www.pilgrimpreschoolnj.com)

Karen Nisenson, Director

[knisensonpps@gmail.com](mailto:knisensonpps@gmail.com)

Glen Ridge Congregational Church Tax ID: 22-1487206

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## 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 program:** 3 or 5 days/week (Child must be 2.5 by October 1)

a. 8:30–12:30\* (Monday – Friday) **8:30-11:30 until 1/2/2025, when we add lunch.**

b. 8:30–12:30\* (Tuesday, Wednesday, Thursday); **8:30-11:30 until 1/2/2025, when we add lunch.**

2. **3-year-old program – choose 1:** (Child must be 3 by October 1)

a. 5 mornings 8:30 – 12:30

b. 5 mornings and 3 afternoons 8:30 – 12:30 and 8:30 – 2:30 (Tues, Wed, Thurs)

c. 5 mornings and 5 afternoons 8:30 -2:30 (Mon – Fri)

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

a. 5 mornings and 3 afternoons 8:30 – 12:30 and 8:30-2:30 (Tues, Wed, Thurs)

b. 5 mornings and 5 afternoons 8:30 – 2:30 (Mon – Fri)

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 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: \_\_\_\_\_

**A registration fee of \$100 is required. 10% deposit is not due at this time. Checks (payable to Pilgrim Nursery School) or Zelle are our payment options.**

**Zelle info: Pilgrim Nursery School <lorrainebrownpps@gmail.com>**