Pilgrim Preschool

Glen Ridge Congregational Church
195 Ridgewood Avenue Glen Ridge NJ 07028
973.743.5596 Ext 13
www.pilgrimpreschoolnj.com
Karen Nisenson, Director
knisensonpps@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 program – choose 1**:(Child must be 2.5 by October 1)
   - ☐ a. 5 mornings 8:30–12:30
   - ☐ b. 3 mornings 8:30–12:30 (Tuesday, Wednesday, Thursday)
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 – chose 1:** (Child must be 4 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: _____Email: _____

Parent/Guardian Information

1. Name: _____

   Address: _____

   Cell Phone: _____

   Business Name/Address/Telephone: _____

   _____

2. Name: _____

   Address: _____

   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 and Pilgrim policy. (Please check). Click here for a copy of the Pilgrim Policy (only medical exemptions accepted) or request a copy from the Director.**

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 non-refundable registration fee of $100 is required and due with this form. Additionally, a one-month non-refundable tuition deposit is due in February and June. Checks (payable to Pilgrim Nursery School) or Zelle are our payment options. *Zelle info: Pilgrim Nursery School <lorrainebrownpps@gmail.com>*