

White Meadow Temple

153 White Meadow Road • Rockaway, NJ 07866 • 973.627.2511



White Meadow Temple
Nursery and Kindergarten

2009/2010 REGISTRATION FORM

Classes: (Complete one registration form for each child and indicate your program choice with a check mark)*

- | | | | |
|--------------------------|----------------------|--|------------------------------|
| <input type="checkbox"/> | 2 year old | 9:00 am - 12:00 pm | Tuesday, Wednesday, Thursday |
| <input type="checkbox"/> | 2 year old | 9:00 am - 12:00 pm | Monday . Friday |
| <input type="checkbox"/> | 3 year old | 9:00 am - 12:00 pm | Monday . Friday |
| <input type="checkbox"/> | Pre-K | 9:00 am - 12:00 pm | Monday . Friday |
| <input type="checkbox"/> | Kindergarten | 9:00 am - 3:00 pm | Monday - Friday |
| <input type="checkbox"/> | Before Care | 8:00 am - 9:00 am | M __ T __ W __ TH __ F __ |
| <input type="checkbox"/> | After Care | 3:00 pm - 5:30 pm (Varies on
Fridays) | M __ T __ W __ TH __ F __ |
| <input type="checkbox"/> | After Lunch
Bunch | 1:00 pm - 3:00 pm | M __ T __ W __ TH __ F __ |

* A \$40 registration fee and one (1) month's tuition deposit are required with Registration Form. The sibling discount will be applied as a credit against family membership dues, when applicable.

Child's Name: _____

Sex: Male Female Birth Date: _____

Address: _____

Home Telephone: (973) _____

Mother:

Father:

Name: _____ Name: _____

Business Phone: () _____ Business Phone: () _____

Cell Phone: () _____ Cell Phone: () _____

E-mail Address: _____ E-mail Address: _____