

Office use: Child's Confirmed Start Date: _____
Classroom: _____



Foundations Prep School, LLC

REGISTRATION FORM: Fall 2011

1350 Broad Street, 07003 Ph: 973-900-0600 Fax: 973-338-9646
foundationsprep@yahoo.com www.foundationsprepschool.com

Full Name of Child: _____ Today's Date: _____
Date of Birth: _____ Gender: M or F Current Age: _____

***Person to be Contacted in Case of Emergency in Prioritized Order:**

#1: _____ phone/cell: _____
#2: _____ phone/cell: _____

Please note: In the case of illness or other emergency, we will call all phone numbers in order of priority, and as listed on this entire form until we reach someone live on the phone for pick-up arrangements.

Parent/Guardian #1 Name: _____ Cell #: _____
Home Address: _____
Email address: _____ Town/Zip: _____
Home Phone #: _____
Employer Name and Address: _____
Work Phone #: _____ Occupation: _____

Parent/Guardian #2: _____ Cell #: _____
Home Address: (if different): _____ Town/Zip: _____
Email address: _____
Employer Name and Address: _____
Work Phone #: _____ Occupation: _____

School(s) child previously attended: _____
Reason for leaving: _____

Who can we thank for referring you to FPS? _____

**Please circle what option you require for your child:*

- Full Time Hours: 7:00a.-6:30p., M-F
- Part Time Hours: 8:30a.-12:00p., M-F

ALLERGIES (list all): _____

Medication (ongoing): _____

If we cannot contact you at the above numbers, please list other emergency contacts:

#1) Name: _____ Phone #: _____

Relationship to child: _____

#2) Name: _____ Phone #: _____

Relationship to child: _____

Please note: A non-refundable \$150 Registration Fee must accompany this form to hold your child's place at FPS. Two weeks' notice or two weeks' tuition is required for withdrawal from FPS.

Signed (Parent/Guardian) : _____ Date: _____

OFFICE USE ONLY: Paid (chk.# _____) Date: _____ Signed: _____