

Ivy Hedge
Early Childhood Learning Center
 Our excellent curriculum includes tender loving care.
 www.IvyHedge.com
 65 Monmouth Road, Rear Building - Oakhurst, NJ 07755

**AM Only
 Nursery
 2010-2011**

NJ State Approved
Our 39th Year

Registration Form

Melissa Kopec, Director
Ph: (732) 483-0088
Fax: (732) 483-0801

Child's Name _____ (please print) Gender _____

Preferred Name _____ Home Phone _____
 (name child answers to)

Date of Birth _____ Age in Sept. 2010 _____
 month day year years -- months

Family Address _____ Zip _____

Family Email Address _____

Father's First Name _____ Mother's First Name _____

Father's Occupation _____ Mother's Occupation _____

Place of Business _____ Place of Business _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Person Authorized to Pick Up Child and/or Contact in Case of Emergency if Neither Parent is Available:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone/Cell _____ Phone/Cell _____

Child's Doctor _____ Phone _____

Address _____

I hereby give the staff members of Ivy Hedge School authorization to handle any necessary medical emergency for child until I can arrive on the scene.

Parent's Signature

Indicate where appropriate and list which days you prefer:

AM Session 9 am to 1 pm 2 days _____ 3 days _____ 5 days _____

3/4 Day (circle one below)

8 to 3 8:30 to 3:30 9 to 4 2 days _____ 3 days _____ 5 days _____

Full Day 7 am to 6 pm 2 days _____ 3 days _____ 5 days _____

I hereby grant permission for my child to participate in any school sponsored bus trips.

Yes _____ No _____ I am available to chaperone. Yes _____ No _____

I have received and understand the DYFS Information Parents Sheet. _____

Parent's Signature

PLEASE TURN THE PAGE OVER AND COMPLETE OTHER SIDE.