

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
 Beginners
 2010-2011**

**NJ State Approved
 Our 39th Year**

Registration Form

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

Child's Name _____ Gender _____
(please print)

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 my 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 12 pm	2 days _____	3 days _____	5 days _____	
AM Session with Lunch	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.