

A Ministry of First Presbyterian Church of Moorestown 101 Bridgeboro Road Moorestown, NJ 08057 856-235-7105

APPLICATION FOR <u>3-YEAR-OLD</u> PROGRAM (Children <u>must</u> be <u>3</u> by September 30, 2020)

CHILD- please print clearly					
Child's Name		Date of Birth			
Home Address (full address, city, zip code)		Primary Contact Number (Circle: Home or Cell)			
Siblings		Ages of Siblings			
Previous School/Daycare		Number (in order of preference) * MWF AM SESSION			
Home Church		T/TH AM SESSION TWT PM SESSION			
How did you hear about Step By Step?		ENRICHMENT DAY* MONDAY PM			
* All classes are dependent on sufficient enrollment.					
PARENTS- please print clearly					
Primary Email Address					
Mother's Name	Home Phone				
Address	Cell Phone				
Father's Name	Home Phone (if different)				
Address (if different)	Cell Phone				
WORK- please print clearly					
Mother's Business Name (Circle: Present or Former)	Business Phone				
, , ,					
Business Address (full address)					
Father's Business Name	Business Phone				
Business Address (full address)					

PHYSICIAN- please print clearly					
Child's Physician	1 1)		
Address					
Allergies					
Allergies					
EMERGENCY Person(s) other than parent to contact if parents cannot be located					
Emergency Contact	ontact I		Home Phone		
Address			Cell Phone		
Relationship to Child					
PICK-UP Person(s) authorize	d to pick up child	- you w	vill update	this in September and as needed	
Name	Name			Name	
Address	Address			Address	
Home Phone	Home Phone			Home Phone	
Cell Phone	Cell Phone			Cell Phone	
Relationship to Child	Relationship to Child			Relationship to Child	
Α					
A nonrefundable application fee of \$50.00 is required for each student** at the time of registration. Checks may be made payable to First Presbyterian Church. You will receive a tuition contract					
by May 2020. Payment for September's tuition (or the entire year if prepaying) is due along with the tuition contract on or before June 1, 2020.					
**The fee is \$50 for the first child, \$40 for each subsequent child in the family registering this year.					
I (we) attest that all the information on this application is accurate.					
Signature(s)					
				_	
Date:					
				_	