

*The Cottage School, LLC*  
*Application / Registration Form*  
*School Year 2011-2012*

*(Please complete one registration form  
per child)*

*Please circle:*

*Preschool Gladstone or Bernardsville :5 days a.m. (9- 12:30 pm)*

*Preschool Gladstone: 3 days a.m. /2 days a.m. (9 to 12:30 pm)*

*Young Kindergarten Gladstone (9 to 1:30 pm)*

*Playgroup / Art Class / Spanish Class/ Latin Class/ French Class/Mandarin Class*

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS (If different):** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**WORK PLACE & ADDRESS:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PEDIATRICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ALLERGIES or MEDICAL PROBLEMS:** \_\_\_\_\_

**OTHER IMPORTANT INFORMATION:** \_\_\_\_\_

**PAYMENT:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please return completed form with \$25 Non-Refundable Application Fee to:*

*The Cottage School, LLC*

P.O. Box 275

Gladstone, NJ 07934