

COMMUNITY NURSERY GROUP
65 Bowden Road
Cedar Grove, NJ 07009
973.239.3875

Date _____

Child's Name _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Home Address _____

Phone _____ Cell Phone _____

Email Address _____

Is the Child in Good Health? _____ If not please explain _____

Contagious Diseases contracted to date: _____

Allergies _____

Session: Tuesday – Thursday (9- 11:30) _____ (3 year old)

Monday-Wednesday-Friday (9 – 1) _____ (4 year old)

Please read before signing: Protect your child: If your child has a cold or shows any symptoms of illness, please keep the child home – consider other children.

School Year September 14th – June 15th

TUITION: Tuition is due the first of each month. There are no deductions for absences.

Signed: _____