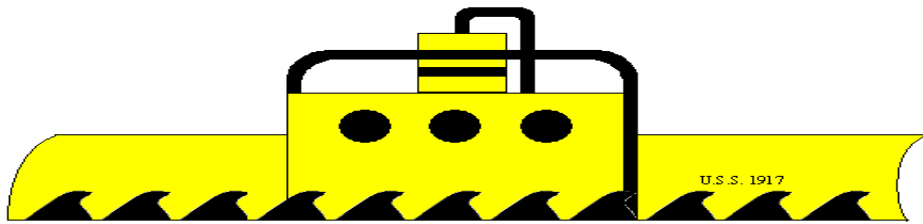


**Hilltop Nursery School**  
 1917 Rt. 37 West  
 Toms River, NJ 08757  
 TEL. (732) 657-6676  
 FAX (732) 657-5466



REGISTRATION FEE OF \$ \_\_\_\_\_ PAID ON \_\_\_/\_\_\_/\_\_\_ DEPOSIT OF \$ \_\_\_\_\_ PAID ON \_\_\_/\_\_\_/\_\_\_

**HILLTOP NURSERY SCHOOL INFANT/ TODDLER REGISTRATION FORM 2012/2013**

This registration form must be completed on *both sides*. Non-refundable registration fees are as follows: \$65.00 returning child / \$75.00 new child. There is a non-refundable deposit in the amount of the first weeks tuition due from all infant/toddler parents. This deposit will be applied to your child's first week of attendance. Your child is not registered until the registration fees and deposits are paid. *We can only hold a perspective child's place in our classroom for two weeks.*

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Room #: \_\_\_\_\_

**INFANTS/TODDLERS AGE 6 WEEKS TO 3 BY OCTOBER 1<sup>ST</sup>:**

\*These tuition payments are based on a 7:30 to 5:30 day  
 5 DAYS WEEKLY \$200.00 PER WEEK  
 3 DAYS WEEKLY \$135.00 PER WEEK  
 2 DAYS WEEKLY \$90.00 PER WEEK

**Extra Extended Hours**

(AM) 6:30 to 7:30 \$5.00 per day  
 (PM) 5:30 to 6:00 \$3.00 per day  
 \*Once your child graduates out of the infant/ toddler program the tuition price will decrease to the nursery school tuition.\*

**Please circle the days and program hours your child will be enrolled in:**

MONDAY                      TUESDAY                      WEDNESDAY                      THURSDAY                      FRIDAY

EXTRA EXTENDED (AM HRS 6:30 - 7:30)                      EXTRA EXTENDED (PM HRS 5:30 - 6:00)

Please fill in your child's drop off and pick times that you will be following. It is important that this schedule be followed as closely as possible to ensure proper staff supervision.

DROP OFF TIME (AM) \_\_\_\_\_ PICK UP TIME (PM) \_\_\_\_\_

I hereby make application to Hilltop Nursery School for my son or daughter. If accepted, I agree to pay the sum of \$ \_\_\_\_\_ in regular weekly installments to Hilltop Nursery School. X \_\_\_\_\_ initial

I understand that weekly tuition is due no later than noon on Wednesday of each week. I understand that a late fee will be charged if payment is overdue. Tuition balances under \$100.00 will have a \$10.00 late fee. Tuition balances over \$100.00 will have a \$15.00 late fee. I understand that there is a \$35.00 returned check fee for all returned checks. I understand that past due tuition's that are referred to our collection agency will include collection fees not to exceed 40% of the claim amount. X \_\_\_\_\_ initial  
**I understand that Hilltop requires a two-week written notice of any changes to or cancellations of my child's schedule. I understand that there is a \$10.00 fee to change my child's schedule. I understand that I will be charged for two weeks after my child's last day if this notice is not given. I understand payment is due regardless of vacation, illness, holiday, etc.** X \_\_\_\_\_ initial

1. Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION. **THANK YOU VERY MUCH!**

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

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

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S SS#: \_\_\_\_\_

FATHER'S SS#: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

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Marital Status:      Married      Single      Divorced      Separated      Widowed      Partners

Custody Information: \_\_\_\_\_

***\*Please note Hilltop must have a certified copy of any court orders for us to abide by any parental restrictions.***

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PERSON'S AUTHORIZED TO PICK UP CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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

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

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

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CHILD'S DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

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I understand that payment is due regardless of vacations, holidays, illness, etc. I also understand that late fees will be issued if my payment is received later than the scheduled date. The party signing this agreement is responsible for payment of the total tuition for enrolled child/children.

1. PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

2. PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_