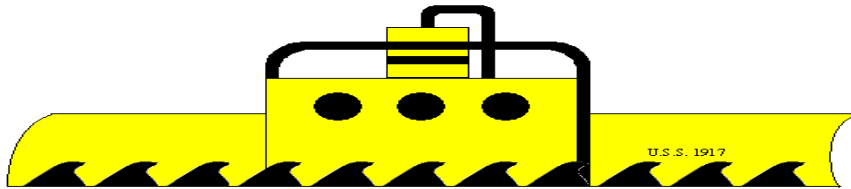


Hilltop Nursery School
 1917 Rt. 37 West
 Toms River NJ 08757-2374
 TEL. (732) 657-6676
 FAX (732) 657-5466



REGISTRATION FEE OF \$ _____ PAID ON ___/___/___ DEPOSIT OF \$ _____ PAID ON ___/___/___

HILLTOP NURSERY SCHOOL

NURSERY SCHOOL, PRE-K AND KINDERGARTEN 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 with this form. 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 #: _____

Half-Day Sessions: (9:00 AM to 1:00 PM)

Tues/Thurs – Nursery School Program (3 yrs by Oct 1st) 2 Half Days- \$218.00 per Month
 Mon/Wed/Fri – Pre-K Program (4 yrs by Oct 1st) 3 Half Days- \$306.00 per Month

Full Day Session (9:00 AM to 3:00 PM)

2 Full Days \$78.00 Weekly
 3 Full Days \$113.00 Weekly
 5 Full Days \$166.00 Weekly

Extended Day Session (7:30 AM to 5:30 PM)

2 Extended Days \$89.00 Weekly
 3 Extended Days \$126.00 Weekly
 5 Extended Days \$193.00 Weekly

Extra Extended Hours

(AM) 6:30 to 7:30 \$5.00 per day
 (PM) 5:30 to 6:00 \$3.00 per day

Kindergarten (5 yrs by Oct 1st)

5 Full Days \$125.00 Weekly
 5 Extended Days \$175.00 Weekly

All Tuition Payments Include Recreational Swim

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
HALF DAY (9:00-1:00)	FULL DAY (9:00-3:00)		EXTENDED DAY (7:30-5:30)	
EXTRA EXTENDED (AM HRS 6:30 – 7:30)		EXTRA EXTENDED (PM HRS 5:30 – 6:00)		

I hereby make application to Hilltop Nursery School for my son/daughter. If accepted, I agree to pay the sum of \$ _____ in regular weekly/monthly (please circle) installments to Hilltop Nursery School. X _____ initial

I understand that weekly tuition is due no later than noon on Wednesday of each week, and monthly tuition's are due no later than the 5th day of each month. 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. *If my child attends any half-day program, I realize that June's Tuition is paid with my first month's tuition.* I understand that past due tuitions that are referred to our collection agency and 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!**

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: _____

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.***

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: _____

CHILD'S DOCTOR: _____

PHONE: _____

DOCTOR'S ADDRESS: _____

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: _____