



# Rosebud Academy Preschool

102 W Gloucester Pike  
Barrington, NJ 08007

## NEW STUDENT APPLICATION

Today's Date: \_\_\_\_\_

**Registration Fee: \$200** (Non-Refundable) due when submitting this application.

*Please make checks payable to Rosebud Academy*

***Please print all information:***

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Religion: Catholic Non-Catholic Registered at \_\_\_\_\_ Parish

Baptismal Date: \_\_\_\_\_ Parish: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### PROGRAMS OFFERED PLEASE SELECT ONE PROGRAM:

#### 3 Year Old Program

\_\_\_\_\_ 3 Half Days (MWF) 8:30—12

\_\_\_\_\_ 3 Full Days (MWF) 8:30—2:30

\_\_\_\_\_ 5 Full Days 8:30—2:30

#### 4 Year Old Program

\_\_\_\_\_ 4 Half Days (MTWTh) 8:30—12

\_\_\_\_\_ 4 Full Days (MTWTh) 8:30—2:30

#### Transitional Kindergarten

\_\_\_\_\_ 5 Half Days 8:30—12

\_\_\_\_\_ 5 Full Days 8:30—2:30

***Please print all information:***

### MOTHER'S INFORMATION (LIVING / DECEASED)

Mother's Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

(if different)

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

**FATHER'S INFORMATION (LIVING / DECEASED)**

Father's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
(if different)  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

**GUARDIAN'S INFORMATION (IF DIFFERENT FROM PARENTS)**

Guardian's Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
(if different)  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Other Important Information:**

Child resides with: Both Parents Mother Father Other: \_\_\_\_\_

**Are there custody arrangements? N/A Yes No** (Court Orders must be on file in school office by September)

Name, age, and school of siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

**PLEASE RETURN To:**

**Rosebud Academy Preschool**

102 W Gloucester Pike

Barrington, NJ 08007

Questions? Please call: 856-617-0750 or email: preschool@strosenj.com

**For Office Use: Notes:**

Date Received: \_\_\_\_\_

Registration Fee: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ # \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Date Processed: \_\_\_\_\_