

[Office Use Only] Date Received: \_\_\_\_\_ Class: \_\_\_\_\_



2101 New Albany Rd | Cinnaminson, NJ 08077  
(856)829-4908 | www.tsnsnj.org | tsnsnj@gmail.com

## REGISTRATION FORM

Child's full name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Name \_\_\_\_\_ Sex M F Phone Number (\_\_\_\_) \_\_\_\_\_

Child's address \_\_\_\_\_  
Street \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

**Preferred Email Address:** \_\_\_\_\_

### Father's information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work phone number \_\_\_\_\_

### Mother's information (where different)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Mobile number \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work phone number \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Any limitations and/or allergies? Please explain \_\_\_\_\_

Is child potty-trained? Y N Are you a member of Temple Sinai? Y N

Previous preschool experience \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## TSNS REGISTRATION FORM ~ PAGE TWO

[Office Use Only] Amount Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Board/Sibling \_\_\_\_\_