

17 Greenwich Church Road Stewartsville, NJ 08886 Phone 908-479-6886 www.greenwichnursery.com

2024-2025 Registration Form for 2.5 Winter Program

Child's Name:		_ MF	_ D.O.B.	//	
Address:					
City:	State:		Zip:		
School District Child Will Att	tend:				
Home Phone:	Cell (M):		Cell (F):		
Mother's Name:		Occupation:			
Business Address:		Phone	:		
Father's Name:	(Occupation:			
Business Address:		Phone	:		
Email Address:					
FEE: A non-refundable registra your child's enrollment in the p Upon receipt of this fee, your ch	tion fee of \$65.00 m rogram. This is a se	iust accompai parate fee and	ny this appl d is not app	lication to secure)
2+ Program (February 3 rd (2 ½ by February 1st) Monday & Wednesday 9:00-11:00 am \$1,200 yr. (Jan/Feb/Mar/April billing= \$					
*Tuition is billed in trimesters ** Monthly billing is available		ience.			
Would you prefer to be billed	Full tuition or	Monthly	(Jan/Feb/	'Mar/April) (4x)	5
Parent/Guardian Signature: _]	Date:	
Paid by: Check #	Cash	Electron	ic (via Brigi	htwheel app)	