

Bogart Memorial Nursery School

263 Larch Ave. Bogota, NJ 07603

Tel. 201/342-2093 Fax. 201/342-7320

I would like to enroll my child in Bogart Memorial for the **2017/2018** school year:

Child's Name: _____

Age in Sept. 2017: _____ Date of Birth: _____ CLASS: _____

(please circle all that apply)

SESSION:	½ Session (9:00-11:45)	Lunch Hour (11:45-1:00)	Full-Day (9:00-3:00)	Extended Day (7:00-6:30)
	Early Drop-Off (7:00-9:00)	After-School (3:00-6:30)		

Days per week: M T W R F Hours _____ to _____

Parents Names: _____

Child's Address: _____

Tel. Mom Home: _____ Business: _____

Cell: _____ E-mail: _____

Tel. Dad Home: _____ Business: _____

Cell: _____ E-mail: _____

EMERGENCY INFO: (An authorized contact in the event a parent cannot be reached)

Name: _____ Address: _____

Relationship: _____ Tel: _____