



St George Preschool
Excellence in Early Education
 1200 Klockner Road, Hamilton, NJ 08619 (609) 586-2223
www.stgeorgepreschool.org



Registration Form 2025-2026

A non-Refundable \$100.00 Registration fee must accompany this form.
 The Fee will be applied to the tuition.

Student Information

Name: _____ Date of Birth: _____ Sex: Male ___ Female ___

Address: _____

With whom does the child reside? _____

Parent/Guardian Information

Mother/Guardian's name: _____

Address (if different from above): _____

Employer: _____ Phone (W): _____

Phone (H): _____ Phone (C): _____

Email: _____

Father/Guardian's name: _____

Address (if different from above): _____

Employer: _____ Phone (W): _____

Phone (H): _____ Phone (C): _____

Email: _____

Schedule Selection

Prices are per Month and include yearly supply fees

| Days | Preschool Day (9:00 – 3:00) | Class only (9:00-12:30) | AM Care (7:30-9) | Choices (circle) |
|------|------------------------------------|-----------------------------------|-----------------------------------|------------------|
| 5 | <input type="checkbox"/> \$990.00 | <input type="checkbox"/> \$620.00 | <input type="checkbox"/> +\$80.00 | |
| 4 | <input type="checkbox"/> \$ 945.00 | <input type="checkbox"/> 575.00 | <input type="checkbox"/> +\$70.00 | M Tu W Th |
| 3 | <input type="checkbox"/> \$740.00 | <input type="checkbox"/> \$450.00 | <input type="checkbox"/> +\$50.00 | M Tu W Th |
| 2 | <input type="checkbox"/> \$555.00 | <input type="checkbox"/> \$385.00 | <input type="checkbox"/> +\$35.00 | M Tu W Th |



Parental Authorization for Emergency Treatment

Student Information

Name: _____ Sex: Male ___ Female ___

Date of Birth: _____ Address: _____

Allergies: _____

Medical Conditions: _____

Food Allergies: _____

Current Medications: _____

Parent / Guardian Information

Father's name: _____ Phone (H): _____

Phone (C): _____ Phone (W): _____

Mother's name: _____ Phone (H): _____

Phone (C): _____ Phone (W): _____

Emergency Contact name: _____ Phone (H): _____

Phone (C): _____ Phone (W): _____

Authorized Pick

1: _____

Phone (H): _____ Phone (C): _____ Phone (W): _____

2: _____

Phone (H): _____ Phone (C): _____ Phone (W): _____

Insurance Information

Provider: _____ Subscriber: _____

Group #: _____ ID #: _____

I am the parent / guardian with legal custody of the above mentioned child and attest that the information provided is correct. I authorize St George Preschool's Director or Director's designee to obtain any and all necessary medical treatment for said child, as necessary, in a recognized medical facility, under the care of a licensed physician.

Medical Emergency Procedures:

1. **Contact Emergency personnel (911)**
2. **Contact Parent / Guardian (or designee) and give a detailed description of the situation**
3. **Accompany injured / ill student to a medical facility if transportation is necessary**



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Parent / Guardian Signature: _____ Date: _____

Payment Policy Agreement

1. All tuition payments are due the FIRST day of each month.
2. Families with more than one student enrolled will receive a 10% discount for each additional child.
3. Payments may be made by cash, check (**payable to St. George Preschool**), or Credit Card kept on file.
4. Postdated checks will not be accepted.
5. Tuition that is not paid by the 15th of each month will assessed a \$25.00 Late Fee. Credit card payments will be processed the 1st of each month.
6. Failure to keep payments up to date can result in denial of participation in the program. Children will not be allowed to attend the program where an outstanding tuition payment becomes more than 1 month overdue.
7. All schedule changes must be made prior to the 1st of the upcoming month. No tuition refunds issued for changes made after the 1st of the month.
8. In the case of your child's extended absence from school or early withdrawal, payments are non-refundable and may not be altered.
9. The school will adhere to the opening/closing/early dismissal schedules of the Hamilton Township Public Schools. There will be no tuition refunds issued or make-up days scheduled for any emergency closings.

Please sign and date indicating you have read and agree to the St. George Preschool's Payment Policy.

Parent's Signature: _____ Date: _____

Student Schedule Policy Agreement

1. All families agree to adhere to the schedule they have chosen. We are unable to accommodate make-up days due to a child's absence. All schedule changes must be made prior to the 1st of the upcoming month. No tuition refunds issued for changes made after the 1st of the month.
2. Please be on time in picking up your child. Parents who arrive late to pick up their child will be charged \$5 for every 5 minutes late after their scheduled pick up time. This is not limited to our 5:30 closing time and applies to all schedules offered at St. George Preschool.
3. Schedule changes must be made one month in advance, approved by the director and are dependent on availability.

Please sign and date indicating you have read and agree to the St. George Preschool's Student Schedule Policy.

Parent's Signature: _____ Date: _____

Along with the completed Universal Child Health Record, please submit a copy of your child/ren's IMMUNIZATION RECORDS, no later than the first week of school. Children must receive Flu shots by December 31st or cannot return to school.