Holy Cross Christian Nursery School
1500 Hooper Ave.
Toms River, NJ 08753

Enrollment Application for 2026 - 2027

Please fill out both sides of form.

_____
Today's date

CHECK ONE _____Terrific 2's _____PreSchool 3's _____Pre-K 4's
Must be 3 by 10/1/26 Must be 4 by 10/1/26

____ AM/PM EXTENDED CARE ONLY

CHECK ONE ____2 day ____3 day ____5 day ***CHECK ONE*** ____AM only ____Full-day

Extended care needed _____Yes _____No Days needed_____

AM Time in:_____ Time out: _____

PM Time in:_____ Time out: _____

* * * * * * * * *

Are you a member of Holy Cross Church? _____Yes _____No

Name of child_____ Nickname_____

Address_____
Street City, State, ZIP

Home phone_____Cell #1_____ Cell #2_____

Date of birth_____ Sex _____M _____F

Place of birth_____ Age as of Oct. 1, 2026_____
City, State

Parent's name_____ Address_____

Parent's name_____ Address_____

Preferred email address_____

Marital status _____M _____S _____D _____W

Primary language spoken at home_____

Heath Information

Physician_____ Phone #_____

Please fill out reverse side.

Please describe any medical, physical, or other issues your child has. Include allergies (**especially food**), any unusual markings on your child's body (birthmarks, rashes, skin conditions, etc.). If none, please write "none."_____
_____

Family Data Information

	Parent #1	Parent #2
Type of Employment	_____	_____
Name of Employer	_____	_____
Address of Employer	_____	_____
Employer's Phone #	_____	_____

Other children in the family (please write name and ages of all other children).

Name_____Age_____ Name_____Age_____

Name_____Age_____ Name_____Age_____

* * * * * * * * * *

Please check all that apply:

_____ I hereby give permission to have my child treated at the local hospital in the event of an emergency and I cannot be contacted.
_____ I hereby give permission for my name, address, phone number and child's name to be included on a class list and released to my child's class.
_____ I hereby give permission to have photographs of my child posted on social media.

The child becomes the responsibility of the parent when the child is released to the parent. It is the policy of Holy Cross Christian Nursery School that the parent(s) that registers the child is the person responsible for any payments due.

I agree to make 10 monthly payments beginning on August 1, 2026 as per the Class Offerings Schedule.

_____ _____
Parent's signature Parent's signature

_____
Date

How/where did you hear about our nursery school?_____
Has your child attended any other pre-school program? _____
_____