

CEDAR HILL PREP SCHOOL

152 Cedar Grove Lane, Somerset, NJ 08873

TEL: 732-356-5400 FAX: 732-356-5409 www.cedarhillprep.com

REGISTRATION FORM 2017- 2018					
Child's Last Name	First Name				
Date of Birth	Sex M F				
Street Address					
City	State Zip Code				
Home Phone	Email				
Mother's Name					
Mother's Cell	Work Phone				
Father's Name					
Father's Cell	Work Phone				
Please indicate your Program Selection					
☐ PRESCHOOL TIME ☐ 8:00am-1:00pm	n				
☐ PRE-KINDERGARTEN TIME ☐ 8:00am-1:00pm	n				
☐ KINDERGARTEN TIME ☐ 8:00am-2:30pm	n				
☐ GRADE 1 TIME ☐ 8:00am-3:00pm	n				
☐ GRADE 2 TIME ☐ 8:00am-3:00pm	n				
☐ GRADE 3 TIME ☐ 8:00am-3:30pm	n				
☐ GRADE 4 TIME ☐ 8:00am-3:30pm	n				
☐ GRADE 5 TIME ☐ 8:00am-4:00pm	n				
☐ GRADE 6 TIME ☐ 8:00am-4:00pm	n				
☐ GRADE 7 TIME ☐ 8:00am-4:00pm	n				
☐ GRADE 8 TIME ☐ 8:00am-4:00pm	n				
CHP Transportaion (please fill out transportaion form)					
☐ Before Care ☐ 2 Days ☐ 3 Days ☐ 5 [Days				
☐ After Care ☐ 2 Days ☐ 3 Days ☐ 5 [Days				
\$100.00 Registration Fee (for new students) and \$600.00 deposit with	enrollment forms due by April 7, 2017. April 30th is the last day				

* For Tuition rates please check the Tuition Schedule

1.) Copy of the student's birth certificate.

The Registration Fee is non-refundable and non-transferable to siblings and cannot be substituted for other fees. Please refer to Parent Handbook for Tuition payment schedule. A sibling discount is offered on the lowest tuition. Parents who choose not to purchase the Tuiton Insurance are required to sign the Tuition Waiver Form to verify personal intent to fulfill tuition obligations.

to refund the deposit. All other fees (Book fee, Professional Development fee) due by July 1st, 2017. Please submit with this form:

2.) Student's latest physical examination form and immunization records:

Sig	nature of Parent or Guardian	Date	