



Rosebud Academy

102 W. Gloucester Pike Barrington, NJ 08007 (856) – 617-0750

NEW STUDENT APPLICATION (2022-2023)

There is a \$200 (Non-Refundable) Registration Fee due when submitting this application. Please make checks payable to Rosebud Academy Preschool.

Student Information (Please print all information)

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Gender: Male Female Date of Birth: _____ Race/Ethnicity: _____

Religion: Catholic Non-Catholic Registered at _____ Parish

Baptismal Date: _____ Parish: _____

PROGRAMS OFFERED: *Please select One*

3-Year-Old Program

(Must be 3 by September 30, 2022)

3 Half Days (M, W, F) 8:15 am – 11:45 am

5 Half Days 8:15 am – 11:45 am

3 Full Days (M, W, F) 8:15 a.m. – 2:15 pm

5 Full Days 8:15 am – 2:15 pm

4-Year-Old Program

(Must be 4 by September 30, 2022)

4 Half Days (Mon-Thurs) 8:15 am – 11:45 am

5 Half Days 8:15 am – 11:45 am

4 Full Days (Mon-Thurs) 8:15 am – 2:15 pm

5 Full Days 8:15 am – 2:15 pm

Transitional Kindergarten Program

(Must be 5 by September 30, 2022, and have already completed a 4 year old program)

5 Half Days 8:15 am – 11:45 am

5 Full Days 8:15 am – 2:15 pm

Please note: dismissal and arrival times are staggered (+/- 5 mins) based on classroom placement.

Mother's Information (Living / Deceased)

Mother's Full Name: _____ Maiden: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(if different)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Place of Employment _____ Work Phone: _____

Father's Information (Living / Deceased)

Father's Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____
(if different)

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Place of Employment _____ Work Phone: _____

Guardian's Information (If different from parents)

Guardian's Full Name: _____ Relationship: _____

Address: _____ City: _____
(if different)

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Place of Employment _____ Work Phone: _____

Other Important Information:

Child resides with: Both Parents Mother Father Other: _____

Are there custody arrangements? N/A Yes No (Court Orders must be on file in school office prior to September)

Name of Preschool/School child is currently attending:

School: _____

Address: _____

Name & age of siblings living at home:

Name: _____ Age: _____ Current School (if applicable): _____

Name: _____ Age: _____ Current School (if applicable): _____

Name: _____ Age: _____ Current School (if applicable): _____

Please Return to Rosebud Academy
Rosebud Academy Attention: Fern Love
102 W. Gloucester Pike Barrington, NJ 08007
Questions? flove@strosenj.com
