



Rosebud Academy

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

NEW STUDENT APPLICATION (2024-2025)

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, 2024)

- | | |
|--|---|
| <input type="checkbox"/> 3 Half Days (M, W, F) 8:15 am – 11:45 am | <input type="checkbox"/> 5 Half Days 8:15 am – 11:45 am |
| <input type="checkbox"/> 3 Full Days (M, W, F) 8:15 a.m. – 2:15 pm | <input type="checkbox"/> 5 Full Days 8:15 am – 2:15 pm |

4-Year-Old Program

(Must be 4 by September 30, 2024)

- | | |
|---|---|
| <input type="checkbox"/> 4 Half Days (Mon-Thurs) 8:15 am – 11:45 am | <input type="checkbox"/> 5 Half Days 8:15 am – 11:45 am |
| <input type="checkbox"/> 4 Full Days (Mon-Thurs) 8:15 am – 2:15 pm | <input type="checkbox"/> 5 Full Days 8:15 am – 2:15 pm |

Transitional Kindergarten Program

(Must be 5 by September 30, 2024, and have already completed a 4 year old program)

- | | |
|---|--|
| <input type="checkbox"/> 5 Half Days 8:15 am – 11:45 am | <input type="checkbox"/> 5 Full Days 8:15 am – 2:15 pm |
|---|--|

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

Parent or Guardian Information (Living / Deceased)

Full Name: _____ Maiden Name (if applicable): _____

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

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Place of Employment _____ Work Phone: _____

Additional Parent or Guardian Information (Living / Deceased)

Full Name: _____ Maiden Name (if applicable): _____

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 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
