



# 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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](mailto:flove@strosenj.com)

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