



# Rosebud Academy

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

## NEW STUDENT APPLICATION (2026-2027)

**There is a \$200 (Non-Refundable) Registration Fee due when submitting this application. Please make checks payable to Rosebud Academy Preschool. A PayPal or Credit Card option is available upon request.**

Please enter Payment Details - Date Paid: \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_ ☐ PayPal/Credit Card

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

Religion: Catholic Non-Catholic Registered at \_\_\_\_\_ Parish

**Self-Identification of Race:** Please select the best race description that you believe best reflects your child's background.

☐ American Indian/Native Alaskan

☐ Hispanic/Latino

☐ Asian

☐ White

☐ Black/African American

☐ Two or More Races

☐ Native Hawaiian/Pacific Islander

☐ Prefer not to respond

☐ Middle Eastern/North African

☐ Other \_\_\_\_\_

### PROGRAMS OFFERED: *Please select One*

#### 3-Year-Old Program

Child must be 3 by September 30, 2026. \*If choosing 5 full days child must be 3 by June 1, 2026

☐ 3 Half Days (M, W, F) 8:30 am – 11:45 am

☐ 5 Half Days 8:30 am – 11:45 am

☐ 3 Full Days (M, W, F) 8:30 a.m. – 2:30 pm

☐ 5 Full Days\* 8:30 am – 2:30 pm

#### 4-Year-Old Program

Child must be 4 by September 30, 2026

☐ 4 Half Days (Mon-Thurs) 8:20 am – 11:45 am

☐ 5 Half Days 8:20 am – 11:45 am

☐ 4 Full Days (Mon-Thurs) 8:20 am – 2:15 pm

☐ 5 Full Days 8:20 am – 2:15 pm

#### Transitional Kindergarten Program

Must be 5 by September 30, 2026, and have already completed a 4-year-old program.

☐ 5 Half Days 8:30 am – 11:45 am

☐ 5 Full Days 8:30 am – 2:30 pm

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

**Family Name:** \_\_\_\_\_

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**Parent or Guardian Information (Living / Deceased)**

Full Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile 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: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**Guardian's Information (If different from parents)**

Full Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile 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

( If yes, Court Orders must be on file in the school office prior to September)

**Family Name:** \_\_\_\_\_

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**Are there any concerns that you would like the school to be aware of at this time?**    Yes        No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Current School & Siblings:**

Please list the name of the Preschool or School your child is currently attending (if any).

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

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

Please list the name & ages of siblings living at home (if any).

<b>Name:</b> _____	<b>Age:</b> _____
<b>Name:</b> _____	<b>Age:</b> _____
<b>Name:</b> _____	<b>Age:</b> _____
<b>Name:</b> _____	<b>Age:</b> _____

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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)