

COMMUNITY NURSERY GROUP
65 Bowden Road
Cedar Grove, NJ 07009
(973) 239-3875

Date _____

Child's Name _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Home Address _____

_____ Phone _____

Is the Child in Good Health? _____ If not please explain _____

Contagious Diseases contracted to date: _____

Session: Tuesday – Thursday (3 year old)

Monday-Wednesday-Friday (9-1) (4 year old)

Please read before signing: Protect your child: If your child has a cold or shows any symptoms of illness, please keep the child home – consider other children.

School Year September 15 – Memorial Day

TUITION: Tuition is due the first of each month.
There are no deductions for absences.

Signed: _____