



**Le Parc Place Preschool Application**  
**195 Maplewood Avenue Maplewood, NJ 2, New Jersey 07040**  
**info@leparcplace.com/973.762.3077**

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Primary Email: \_\_\_\_\_

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

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

Parent's Name: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (For Authentication ID)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (For Authentication ID)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_



Work Hours: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Parent's Relationship:

\_\_\_ Married \_\_\_ Co-habiting \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single

Parent/Guardian with legal custody (if applicable):

\_\_\_\_\_ It is helpful to furnish a copy of the divorce decree or custody agreement which will be kept in your child's file and all information will be confidential. Without a copy of the official papers, LPP staff may not be able to prevent your child from leaving with his/her non-custodial parent.

**Emergency Contacts (Any individual other than parent or guardian that is within a 30-mile radius)**

\*Primary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please indicate which number is best for the hours that your child is in our care

(circle one): Home / Work

Relationship to Child: \_\_\_\_\_

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

\*Secondary Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please indicate which number is best for the hours that your child is in our care

(circle one): Home / Work

Relationship to Child: \_\_\_\_\_

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



**Allergies / Special Needs or Instructions / Medications:**

---

---

**Other Household Members (names, ages, relationships):**

Household Members:

---

---

**Adults authorized to pick up my child. Please indicate the relationship to the child.**

1. \_\_\_\_\_
2. \_\_\_\_\_

Name of other school child attends (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

**Physician's name and contact information:**

---

**Please note:**

- \* All immunizations records must be updated prior to your child's first day of school.
- \* Le Parc Place is a Peanut Free School.

**Universal Health form/Immunization records:**

\_\_\_\_\_ on file, \_\_\_\_\_ complete, \_\_\_\_\_ incomplete (For Office Use)

I, \_\_\_\_\_, agree that the information listed above is accurate and LPP will not be held responsible if any situation occurs due to false information given.

Parent/Guardian Signature: \_\_\_\_\_



**Le Parc Place Preschool Tuition**  
**2.5 Years and Up**

**Please print clearly.**

Child/s Name: \_\_\_\_\_

DOB: \_\_\_\_\_ M F

Parents/Guardian: \_\_\_\_\_

Contact Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Please check all that apply:**

**Part Time (Monthly):**

7:00am – 12:00 pm

- 5 days - \$1,500.00
- 3 days - \$1,250.00
- 2 days - \$680.00

**Full Time (Monthly):**

7:00am – 3:00pm

- 5 days - \$1,600.00
- 3 days - \$1,350.00
- 2 days - \$ 1,100.00

7:00am – 6:00pm

- 5 days - \$1,995.00
- 3 days - \$1,500.00
- 2 days - \$1,050.00

**Drop Off:**

- Drop off \$125 per day up to 5 hours (when available)
- Drop off \$150 per day for full day (when available)
- Drop off \$30 per hour for under 4 hours (when available)

**Extended Hours Available Upon Request**