



Le Parc Place Preschool Application
195 Maplewood Avenue, Fl 2, Maplewood, NJ 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)

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)

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: _____

Cell 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: _____

Cell 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 immunization 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: _____ Date: _____



Le Parc Place Preschool Tuition

Please print clearly.

Child/s Name: _____

DOB: _____ M F

Parents/Guardian Name: _____

Contact Number: _____

Desired Start Date: _____

Please check all that apply:

Part Time (Monthly):

7:00am – 1:00 pm

3 days - \$1,195.00

2 days - \$750.00

Full Time (Monthly)

7:00am – 6:00pm (lunch & PM snack included)

5 days - \$2,095.00

3 days - \$1,625.00

2 days - \$1,250.00

***Weekly, Bi-weekly, Monthly, Quarterly & Yearly Payment Schedules available*
(Quarterly & Yearly Payment Discounts offered)**

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