Registration requirements:
1. Students must be 4 by October 31, 2020
2. Students must be residents of South Brunswick.
3. Students must be immunized.
4. $500 Tuition (May be paid in two installments.)

Parents / guardians must present:
1. Completed Application
2. Original Birth Certificate (We will copy.)
3. Proof of Residency (utility or tax bill – We will copy)
4. Copy of Immunization Record (as required by the state of NJ)
5. $250 check at registration (Check payable to SBHS – Little Vikings Playschool)
6. Accepted students must remit an additional $250 before October 15, 2020.

Since this is such a popular program, we have chosen an arbitrary factor - age - as our determination for enrollment, giving priority to older children (according to date of birth). This will only apply to students who enroll early. Beginning April 1st, if we still have openings, students who will turn 4 by October 31st will be accepted according to the date the application is received. If openings still exist after May 1st, we will consider applications for children younger than four.* We will not deposit your check until your child is accepted, and will return it if your child is not accepted. Once your child is accepted and your check is deposited, it is not refundable.

The Little Vikings Playschool is an integral part of the child development curriculum at South Brunswick High School. It is considered a “laboratory school” and high school students are both teachers and observers. Our schedule and hours of operation are dependent upon that of the high school. For this reason, playschool begins in Mid-October, after a training period for the high school students, and ends in May.

Since the playschool program is primarily a high school course, consistent attendance by the preschoolers is necessary for its success. Please do not enroll your child if you do not intend to send your child all 3 days. Also, do not plan long vacations during the school year. High school students depend on the attendance of the preschoolers to complete their assignments, and they are also very disappointed when their buddies are absent. If your child is absent for more than two weeks for any reason other than medical, or if your child comes only sporadically, we reserve the right to enroll another child in your child’s place. If you choose to remove your child for more than two weeks, you will be placed first on the waiting list when you return.

*We maintain a waiting list for current age-eligible four year olds and for younger children (3 ½ -4). Interested parents of younger children need only submit a registration form until a space becomes available, you are notified, and you are accepted. At that time, documentation and tuition will be required.
2020 – 2021 APPLICATION
The Little Vikings Playschool

Last Name of Child: ______________________  First Name of Child: ______________________
Nickname: ___________________  Sex: __M  __F  Child’s Date of Birth: ____________________
Address: _______________________________  Home Phone #: ______________________
Town: _________________________________  Zip: ___________
E-Mail Address: ________________________________

Mother’s Name: ______________________  Father’s Name: ______________________
Mother’s Cell Phone #: __________________  Father’s Cell Phone #: __________________
Place of Business: _____________________  Place of Business: ______________________
Work Number: ________________________  Work Number: ________________________

In case of emergency, we will attempt to contact you at all of the above numbers. If you cannot be reached at any of the numbers above, please provide a local person to contact:
Name: ________________________  Relationship: ________________  Phone: ________________
Doctor’s Name: ______________________  Doctor’s Phone Number: __________________
Prescribed Medication: ______________________________________________________________
Medication Allergies: _______________________________________________________________
Food Allergies: ___________________________________________________________________
Other Allergies: __________________________________________________________________
Any Other Pertinent Medical Info: _____________________________________________________

Is your child completely potty trained and out of pull-ups? ______________ (required for admission)
Does your child speak and understand English? _____________ (not required for admission)
What other languages are spoken in the home? ___________________________________________

Please list your child’s food restrictions, if any: __________________________________________

List your child’s previous group experience: (nursery school, Sunday school, playgroup, etc.)
_________________________________________________________________________________

How did you hear about us? ___________________________________________________________________________

Classes meet Wednesday through Friday, beginning mid-October and ending in May.
**AM CLASS** - 7:45 AM – 10:30 AM  /  **PM CLASS** – 11:30 AM – 2:00 PM

Please indicate your preference below:

1.  ___ AM CLASS 1ST CHOICE  ___if full, will accept PM  ___if full, prefer waitlist for AM
2.  ___ PM CLASS 1ST CHOICE  ___if full, will accept AM  ___if full, prefer waitlist for PM
3.  ___ NO PREFERENCE

FOR OFFICE USE ONLY:  DATE APPLICATION RECEIVED: ______________
$250 TUITION Payment #1: Ck. # _________  Date__________
$250 TUITION Payment #2: Ck. # _________  Date__________  Placement: _______________