



APPLICATION 2026-2027

186 Gordons Corner Rd. Manalapan, NJ 07726 · (732) 446-3107 · www.bridgesnurseryschool.com

Child's Name _____ Phone # _____

Address _____

City and Zip Code _____ Email _____

Child's Date of Birth _____ Gender _____

Age/Class	Days	Times	Fees/month	Session	Desired Session (please check)
2 ½ Year Olds	Tues/Thurs	9:30- 12:00	\$425.00	Session 3a	
3 Year Olds	Mon/Wed/Fri	9:30 - 12:00	\$465.00	Session 7	
	Mon/Wed/Fri	9:15 - 1:15/2:15	\$635.00	Session 5a/b	
	Tues/Thurs	9:15 - 11:45	\$415.00	Session 3	
	Tues/Thurs	9:15 - 1:15/2:15	\$530.00	Session 6a/b	
Pre-K	Mon/Wed/Fri	9:15 - 2:15	\$635.00	Session 5	
	Tues/Thurs	9:15 - 2:15	\$530.00	Session 6	
Adv. Pre-K	Mon-Fri	9:15 - 2:15	\$790.00	Adv. Pre-K	

Please enclose the following fees with this application :

- One tuition payment (non-refundable after 3/1/2026)
- \$75.00 non-refundable insurance and registration fee
- \$65.00 workbook fee for All Pre-K Sessions

Please sign below and make all checks payable to Bridges Nursery School

- REFUNDS: Since the school is allowed a certain number of students and may have to turn away children, no tuition refunds will be made after March 1, 2026 All registration fees are non-refundable.
- FAMILY DISCOUNTS: We recognize that it may be a burden for some families to enroll more than one child. A 5% discount will be given for your second child. This does not apply to non-tuition fees.
- PAYMENT SCHEDULE: Payments are due no later than the 1st class of each month. Late tuition will result in added fees. Above session fees are paid monthly but are not representative of the number of school days in any one month period. The school year begins in September and ends in June.

Parent's Signature _____ Date _____



at

St. Thomas More

Emergency Form & School Contract

Child's Name: _____ Birth Date: _____

Home Address: (street) _____

City: _____ Phone # _____

Father's Name: _____

Mother's Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business # _____

Business # _____

Business Address: _____

Business Address: _____

Father's Cell # _____

Mother's Cell # _____

Give names of TWO (2) other **local** residents or relatives to be called in an emergency:

#1 Name: _____ Phone# _____
Relationship: _____ Cell# _____

#2 Name: _____ Phone# _____
Relationship: _____ Cell# _____

Please give the following information about your child's physician:

Physician's Name: _____ Phone # _____

Address: _____

In an emergency and if a physician cannot be reached, Bridges at St. Thomas More Nursery School reserves the right to obtain the necessary emergency care from the first aid squad or at the local hospital.

Enrollment guarantees a place for your child in this school. A deposit of one tenth of the yearly tuition is required at registration and a non-refundable \$60.00 registration fee. Tuition is a yearly figure separated into 10 equal payments for the convenience of our families. The deposit of one tenth is refundable until **March 1st, 2026**, only. Payment # 2 is due on or before August 1st. Payments 3 through 10 are due on the first class of every month beginning on October 1st and ending on May 1st. Payments received after the tenth of the month or returned checks are subject to additional fees. If your child is absent due to illness or vacation, the tuition is still due.

- If you wish to withdraw your child, we require thirty days notice in writing. Tuition is due until the end of the thirty days.
- Under no circumstances will any child be administered any medication by any member of our staff. All allergy medications require doctor's orders, treatment plans, prescriptions, and original containers.
- No child will be permitted to leave the premises with anyone other than their parent unless written authorization is provided. Families that are carpooling must also submit written authorization. This information will remain in your child's school file.
- Copies of the "Information to Parents", "Expulsion Policy", Communicable Disease Policy" mandated by DCF, Release of Students, and Social Media policies are on file in the main office and available for review.
- Permission is hereby given to the school to use in promoting the school and in other ventures directly relating to the school (1) students' photographs, video, and audio images or likenesses, and (2) statements, articles, names, music, art, photographs, audio recordings, films and videos created by the school and originating from school or school related activities.

I have read all the information above and agree to adhere to the regulations set by the school.

Parent's Signature: _____ Date: _____