



25 Cook Ave. Madison, NJ 07940
973-377-0244
mchpreschool@tmcmmch.org

Dear Parents,

To register and hold your child's space in our preschool program for the 2022-2023 school year, we will need the following:

1. Application filled out and signed
2. Original birth certificate (we will photocopy) **New students only**
3. Check for the appropriate amount (see below), All checks are made payable to **TMC – Madison Community House**

Eligibility: Must be 3 years old by 10/1/22 for 3 year old class
Must be 4 years old by 10/1/22 for 4 year old class

Half – Day Option: 9:00am-12:00pm

Total amount due now:

Returning Students: \$575.00

Tuition: \$575.00/month, \$5,750.00/year

New Students: \$650.00

Non-refundable registration fee: \$75.00

Tuition: \$575.00/month, \$5,750.00/year

Full – Day Option: 9:00am – 2:45pm

Total amount due now:

Returning Students: \$875.00

Tuition: \$875.00/month, \$8,750.00/year

New Students: \$950.00

Non-refundable registration fee: \$75.00

Tuition: \$875.00/month, \$8,750.00/year

If you have any questions, please let us know, 973-377-0244.

Thank you,
Patty Driscoll, Director

*First month's tuition refundable with withdrawal from the program before May 1st, 2022.



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Madison Community House Preschool Application

Child's Name _____ Birth Date _____ / _____ / _____
Month / Day / Year

Home Address _____ Town _____ Zip _____

Home Phone _____

Mother's Name _____ Place of Business _____

Business Address _____ Business Phone _____

Father's Name _____ Place of Business _____

Business Address _____ Business Phone _____

Father's Cell # _____ Mother's Cell # _____

E-mail Address _____

IN CASE OF EMERGENCY: Persons authorized to pick up your child and / or contact in case of an emergency if neither parent is available:

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Doctor's Name _____ Phone _____

Address _____

Hospital Preference: Morristown _____ Overlook _____ St. Barnabas _____

Any Diagnosed Allergies _____

Allergic Reaction Protocol: Please fill out the Allergy Action Plan form.

Brothers And / Or Sisters: List Names and D.O.B. (MM/DD/YY)

Applying for: Three-Year-Old Class/ Half Day _____ Monday – Friday 9:00am-12:00pm

Three –Year-Old Class/ Full Day _____ Monday – Friday 9:00am-2:45pm

Four-Year-Old Class/Half Day _____ Monday-Friday 9:00am-12:00pm

Four-Year-Old Class/Full Day _____ Monday – Friday 9:00am-2:45pm

Tuition is divided up into ten (10) equal payments from August 15th – May 15th.

Parent's Signature _____ Date _____

Owned & Operated by the Thursday Morning Club, Inc.

The Thursday Morning Club / Madison Community House does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to programs.