



39 3rd St. Passaic, NJ 07055 P: 973-777-3900 F: 973-777-3911

Enrollment Application

CHILD'S NAME _____

MOTHER'S NAME _____

FATHER'S NAME _____

AGE OF CHILD _____

DATE OF BIRTH _____

PHONE NUMBER _____

ADDITIONAL PHONE NUMBER _____

4 C'S YES or NO COMMENTS _____

START DATE _____

PART TIME or FULL TIME COMMENTS _____

MON TUES WED THUR FRI

TIMES _____

Office Use Only:

WEEKLY TUITION _____

SECURITY DEPOSIT _____

REGISTRATION _____

REGISTRATION PAID YES or NO