

Today's little learners are tomorrow's leaders

Budd Lake Location

REGISTRATION INFORMATION

(PLEASE PRINT)

	ION / /							
CHILD'S NAME				D	ATE OF BIRT	H	/ /	
ADDRESS						()		
STREET		CITY	STATE	ZIP		HOME P	HONE	
MOTHER'S NAME				FATHER'S				
ADDRESS				ADDRESS				
IF DIFFERENT FROM ABOVE				IF DIFFERENT FROM ABOVE				
CELL PHONE				CELL PHON	JE			
PLACE OF EMPLOYM	ENT			PLACE OF E	EMPLOYMENT			
PHONE				PHONE				
EMAIL ADDRESS				EMAIL ADDRESS				
PARENT'S SS#								
	PLE	ASE ENROLL MY	CHILD ON	THE FOLLOV	VING DAYS:			
	MONDAY	TUESDAY	WEDN	ESDAY	THURSDAY	/FR	IDAY	
	I WOULD	LIKE MY CHILD	TO ATTENI	THE FOLLO	OWING PROG	RAM:		
	MOR1	NINGAFTE	RNOON _	HALF	DAY	_ALL DAY		
	KINDERGA	ARTENBEFORE SCHOOLAFTER SCHOOL						
		JR CHILD BE HAVI						
I LEARNED ABOUT	LITTLE LEARNERS	THROUGH:						
	HORIZED TO PICK U						HER THAN	PAREN
		THIS INFORMA				<u>. </u>		
RELATIONSHIP		(TO CHILD)	RELATI	ONSHIP			(TO CHILI	D)
ADDRESS			ADDRE	55				
CELL/PHONE			CELL/PI	HONE				
PARENT'S SIGNATU					DATE_			
		\$75 (First Child) \$ \$300 deposit is req Check Check						
We must have at *Please attach a c	L bies of your driver's li least one (1) parent's opy of your child's in have it on file at the	driver's license on munization records	file or you with your on	r child will na physician's si	ot be consider	; is a New J	lersey state	•

*NJ now requires children 6—59 months of age, and is attending a licensed childcare facility, to receive an annual FLU shot between 9/1 and 12/31 and provide proof of immunizations to school.