



Rockaway location-Registration Form 2019-2020

DATE OF APPLICATION:___/___/___ CHILD'S NAME:_____ SEX:_____

DATE OF BIRTH:___/___/___

ADDRESS:_____

STREET CITY STATE ZIP

PARENT 1's NAME:_____ PARENT 2's NAME:_____

ADDRESS:_____ ADDRESS:_____

IF DIFFERENT FROM ABOVE

IF DIFFERENT FROM ABOVE

CELL PHONE:_____ [REQUIRED] CELL PHONE:_____

CELL PHONE CARRIER:_____

PLACE OF EMPLOYMENT:_____ PLACE OF EMPLOYMENT:_____

PHONE:_____ PHONE:_____

EMAIL : _____ [REQUIRED] EMAIL:_____

SSN: : _____ [REQUIRED]

I LEARNED ABOUT LITTLE LEARNERS THROUGH:_____

OFFICE USE ONLY:*****

CLASS ENROLLED:

Infants: 5FD:_____ Room: _____

T1: 5FD:_____

T2-T3: 5FD:_____ 3FD:_____ 2FD:_____

5HD:_____ 3HD:_____ 2HD:_____ AM:_____

3YR+ & PRE-K: 5FD:_____ 3FD:_____ 2FD:_____

5HD:_____ 3HD:_____ 2HD:_____ AM:_____

School Age Child Care: 5D BC:_____ 5D AC:_____ 5D B&A:_____ 1 WAY BUS: _____

4D BC:_____ 4D AC:_____ 4D B&A:_____ 2 WAY BUS: _____

3D BC:_____ 3D AC:_____ 3D B&A:_____

Registration Fees: \$100 (First Child) \$75 (Second Child) *Non-Refundable

REG. PAID: Check_____ Cash_____

NOTES:

*Please attach copies of your driver license with your children's registration form.

We must have at least one (1) parent's driver license on file or your child will not be considered registered.

*Please attach a copy of your child's shot records with your physician's signature. This is a New Jersey state requirement and we must have it on file at the time of registration.

*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 immunization to school.