PRINCE OF PEACE EARLY LEARNING CENTER

3320 Route 94, Hamburg, New Jersey 07419

(973) 827-5080

ENROLLMENT APPLICATION

Date of Application: _____ Date of Birth: _____

Child's Name: _____ Sex: _____

Street Address: _____

_____

(City) (State) (Zip Code)

Father's Name: _____ Mother's Name: _____

Mailing Address: _____ Mailing Address: _____

_____ _____

Home Phone: _____ Home Phone: _____

E-mail address:_____ E-mail address:_____

(E-mail addresses will be used for special event notifications, delayed openings and school closings due to inclement weather.)

Where to reach parents:

Father's Occupation: _____ Mother's Occupation: _____

Place of Business: _____ Place of Business: _____

Business Address: _____ Business Address: _____

_____ _____

Business Phone: _____ Business Phone: _____

Cell Number:_____ Cell Number:_____

Custodial Information:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order:

_____

_____

_____

***** Please complete both sides of the application. Thank You!*****

Other Information:

School District: _____ Other Adults in Home: _____

Name and ages of siblings: _____

Church affiliation: _____ Baptismal date: _____

Previous group experience of child, if any: _____

Behavior concerns? _____

Nervous habits: _____ Speech difficulties: _____

Special interests: _____

Child's fears: _____

Prince of Peace Early Learning Center reserves the right to withdraw a child due to non-payment of tuition.

I have received the Information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services, State of New Jersey.

Date: _____ Signature: _____

I give permission for my child to be photographed while attending Prince of Peace ELC. I understand that their picture may be used for advertisement purposes or posted at the school.

Date_____ Signature_____

I give permission for my child to take walks on church and school grounds with the supervision of a staff member (ex: Nature Walks).

Date_____ Signature_____

For Center Use Only:

Date of Enrollment: _____

Date of Withdrawal/Graduation: _____