

Please Fill This Form

First Day of Enrollment		Today's Date	
Child's Name		Birthdate	Boy Girl
Address	City	State	Zip
Phone	Email		
Parent 1 Name		Parent 1 Phone_	
Parent 2 Name		Parent 2 Phone_	
I would like to particip (children under 12 mo this service is an addi **Please submit y **Non-refu	I be responsible for the function of the meal service wonths are not eligible to entitional cost. Our non-refundable \$200 and able Annual Application	rhich is available for 13 m nroll in our meal service). Registration Fee with this on Fee of \$200 due every	onths old and up I understand that S Application**
Infants (6 weeks-12	months)		
Full Day Exter	nded Days/W	/eek	
Waddlers (13-18 mo	ded Half Day _	Days/Week	
Full Day Extend	ded Half Day _	Days/Week	
Pre-K (3-5 Years) Full Day Extend	ded Half Day _	Days/Week	

Infant Center

Jersey City, NJ







@earlybeginningsjc

