



158 STERLING AVENUE, JERSEY CITY, NJ 07305
TEL: 201-332-7411 FAX: 201-332-7224

ENROLLMENT APPLICATION

Date of Enrollment: _____

Child's Name: _____

Date of Birth: _____ Gender: M _____ F _____

Address: _____

Name of Father/Guardian: _____

Address: (if different from above) _____

Telephone: Day: _____ Evening: _____

Emergency Contact # (Beeper/Cell Phone/Other): _____

Name of Mother/Guardian: _____

Address: (if different from above) _____

Telephone: Day: _____ Evening: _____