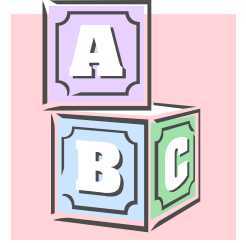


Stanton Early Learners



Application

Child's Full Name _____ Nickname _____

Address _____

Date of birth _____ Age _____ Allergies _____

Parent's name _____ Home phone _____

Cell phone _____ Email Address _____

Please check the box next to the session(s) you are interested in:

Session I: March 4, 11, 18, and 25 (Theme: Exploring Colors)

Session II: April 8, 15, 22 and 29 (Theme: Exploring Shapes)

Please check back with us for more session dates.

I have filled out the proper paperwork and enclosed a check for \$50/session.

Parent's signature _____ Date _____

Mail application and check (made out to Stanton Learning Center) to:
Stanton Learning Center
PO Box 144
Stanton, NJ 08885

We are always available for tours! Please call for an appointment at 908-236-0917