



P.O. Box 144 • Stanton, NJ 08885 • (908)236-0917 • Fax (908)236-7539
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FREE TRIAL WEEK REGISTRATION FORM:

PLEASE SELECT WHICH WEEK YOU PREFER:

- January 17th – 20th January 23rd – 27th January 30th – February 3rd
 February 6th – 10th February 13th – 17th

PLEASE SELECT WHICH PROGRAM YOU PREFER:

- 3 Year Old Class-T/TH (Beginning at 2 1/2 –must be potty trained)
 Pre K- M/W/F (ages 4-5; must be 4 before 10/1)

PLEASE COMPLETE ENTIRE BOTTOM PORTION:

Child's Full Name _____

Address _____

Date of Birth _____ Age _____

Allergies _____

Toilet Habits _____

Child's Physician _____ Phone _____

Mother's Name _____ Best Phone # _____

Father's Name _____ Best Phone # _____

Name, address and phone number of person to contact (to assume responsibility) in an emergency if parents cannot be reached (this must be someone other than a parent who can reach the school within 1 hr.

Name _____ Best Phone # _____ Relationship _____

Alternate Emergency Contact:

Name _____ Best Phone # _____ Relationship _____

Parent's Signature _____ Date _____