

Welcome to Princeton Community Family Learning Center!

You may fax this form to (866) 921-8960

Or mail form to Princeton Community Family Learning Center, 341 Witherspoon St., Princeton, NJ 08543

Start Date:

Tuition Rate:

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I.____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Father/Guardian First Name: _____ M.I.____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Child Information

1st Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Age: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

* Tuition is due weekly. Days in which PRS are closed, we are available on an as-needed basis. If you opt out of child care during days in which PRS is closed, weekly tuition is payable on a prorated basis. For example, if a child attends 2 days out of 5, two-fifths tuition is due. Should you anticipate a family vacation in which your child will not be in attendance, please notify us two weeks in advance and tuition payment will not be expected for the duration you are way.

We offer the option of generating an automatic “invoice” via PayPal to your email address each week. PayPal allows you to use your credit or debit card fully secured with guaranteed privacy (we never see your credit/debit card information). If you would like us to pay via this method, please check here: []

Please outline below whom is responsible for payment of tuition and fees (i.e.: yourself, an employer or other third party). Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent’s Signature: _____ Date: _____

Thank You!

Your submission of this information, along with our verification of receipt, holds your child’s “spot” for the start date indicated above.