



The Children's Corner Learning Center
 45 Church Street, P.O. Box 55, Liberty Corner, NJ 07938 * (908)-647-8401
 Director: Trish Russo* trishr@libertycorner.org

2019-2020 Registration Form

Infants-SAC (K-5)

Child's Name _____	Please check <input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	Town _____ State _____ Zip Code _____
Date of Birth _____	Age as of October 1st, 2019 _____

1. Parent 1 Name _____ Home Phone # _____	
Address _____ Town _____ Zip Code _____	
Home Phone # _____	Cell Phone # _____
Work # _____	Email _____

2. Parent 2 Name _____ Home Phone # _____	
Address _____ Town _____ Zip Code _____	
Home Phone # _____	Cell Phone# _____
Work # _____	Email _____

2. Please select a program: <input type="checkbox"/> Requesting Summer Information	
AVAILABLE PROGRAMS:	INTENDED START DATE: _____
<input type="checkbox"/> Infants (6 wks-14mths)	<input type="checkbox"/> Waddler (15mths-2yrs by Oct. 1)
<input type="checkbox"/> Early Preschool 1 (2-2 1/2 yrs by Oct. 1)	<input type="checkbox"/> Early Preschool 2 (2 1/2-3 yrs by Oct. 1)
<input type="checkbox"/> Preschool (3 by Oct. 1)	<input type="checkbox"/> Pre-K (4 by Oct. 1)
<input type="checkbox"/> Kindergarten Prep (5 by Dec. 31)	
Days per week: <input type="checkbox"/> M thru F <input type="checkbox"/> M-W-F <input type="checkbox"/> T & TH	
Time: <input type="checkbox"/> Extended 7:30 am to 6:00 pm	
<input type="checkbox"/> Full Day 7 hrs or less _____ am to _____ pm	
<input type="checkbox"/> 9:00-1:00 3's and 4's ONLY	
<input type="checkbox"/> 9:00-12:30 Waddler, Early Preschool 1, and Early Preschool 2 ONLY	
<input type="checkbox"/> 9:00-2:00 Kindergarten Prep ONLY	
<input type="checkbox"/> Early Risers 7:15am to 7:30 am	
School Age Children K-5th Grade:	Grade as of 2019 _____ Child's School _____
<input type="checkbox"/> Before Care (7:30-8:30)	Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> After Care (3:00-6:00)	Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> Before & After Care	Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

A non-refundable application fee is due with applications. Please make checks payable to *The Children's Corner* and attach with a paperclip. Include child's full name and "2019 application" in the memo.

☐ **\$80 Application Fee**

☐ TCC Office Manager: _____

☐ TCC Bookkeeper: _____