The Starting Point				64 NJ-37 Suite 16 s River, NJ 08755 (732) 341-3177
<u>Student Enrollment Form</u> Non-refundable application fee: \$50 (please make check payable to Alphabets Daycare and Preschool)				
Anticipated student start D	Date: Today's Date:			
Child Information:				
	Home Phone:		Student lives with:	
Child's Siblings (Names and	age):			
Parent/Guardian Information	on:			
Name:			Relation:	
				Zip:
	Cell:			
	Occupation:			
Name:			Relation:	
				Zip:
	Cell:			
Employer:	Occupation:			
Emergency Contact Informa	ation:			
Nome			Deletion	
Name: Address:		City	Relation:	Zini
	Cell:	City		ZIP
	ccm		WOTK	
Name:			Relation:	
Address:		City:	State:	Zip:
Home Number:	Cell:		Work:	
Physician Information:				
Name:		Hospital Affilia	ation:	
	Allergies (including			
	Policy No.:			
Special Disabilities (if any):				
Special Disabilities (if any): Additional Information for Special Needs:				
Medical Special Conditions:				
Medical or Dietary Information Needed in An Emergency Situation:				

