

LINDGREN SCHOOL

211 IRVING AVENUE, CLOSTER, NJ 07624

APPLICATION AND CONTRACT

REGISTRATION FEE \$100 NEW FAMILIES

+ DEPOSIT OF \$300 for all applicants.

PLEASE FILL OUT:

9/2012

5 DAYS PER WEEK

3 DAYS circle if certain days a MUST M T W T H F

AM 9:15 – 11:45 Lunch 11:45-12:45

PM 1 – 3:30

FULL 9:15 – 3:30 Transportation

CHILD'S FULL NAME _____ DATE OF BIRTH _____ male/female _____

ADDRESS _____ PHONE _____
STREET TOWN, ZIP MAY# BE USED IN PHONE BOOK

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

SIBLINGS: NAMES/AGES _____ RELIGION _____
OPTIONAL

Doctor's Name and phone# _____ Hospital _____

HISTORY: On the back of this form, write a brief account of your child's background. List any other schools or programs that your child has attended. Consider health, family, neighborhood, special situations, etc. which may impact your child's personality, character, or attitudes. Also, describe any special gains you wish for your child during the school year. This will help us better understand and guide your child.

Allergies? Please list _____

Is your child being treated for any medical, physical, or behavioral condition? _____, describe on back.

Has your child ever received special educational services? _____, describe on back.

BUS SERVICE – ROUND TRIP _____ ONE WAY – PICK UP _____ HOME _____

EMERGENCY INFORMATION:

Contact Father at: _____
Address cell/phone # Business phone

Contact Mother at: _____
Address cell/phone # Business phone

*What phone number would you like for emergency school closings? _____

List two nearby people who will assume care of your child if you cannot be reached:

1. _____
Name Address Phone cell#

2. _____
Name Address Phone cell#

My signature indicates that I have carefully read and agree to the financial terms, as outlined on this application. **I understand there will be no refunds or make-up days due to emergency closing, snow days, illness or vacations during school time.** I hereby give permission for my child to take nearby walks, such as the Nature Center, with teachers, for photographs and/or videos to be taken of my child and used for promotional material, and to have limited medical care rendered to my child: _____ in the event of an emergency,

Child's name

Parent's signature date

WITHDRAWAL AND REQUEST FOR \$300 REFUND MUST BE MADE BEFORE April 1, 2012