



# Registration Form

Enrollment Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Cell Phone: \_\_\_\_\_

Has child received or is receiving any EI (early intervention) services? \_\_\_\_\_

If yes, please give details \_\_\_\_\_

## Parents' Information

	MOTHER	FATHER
Full Name		
Cellular Phone		
E-MAIL		
Business Name		
Business Address		
Business Phone		

## Emergency Contacts/Persons Authorized to Pick Up your Child

Contact Name	Contact Phone	Relationship to the Child
1.		
2.		
3.		
4.		

## Doctor's Information

Physician's Name	
Phone Number	
Address	
ALLERGIES	

In case of a medical emergency, and in the event that I cannot be reached, I hereby authorize Gan Aliza to secure immediate treatment for my child.

A non-refundable Registration Fee of \$400 is due upon enrollment. Additionally, one month of tuition deposit is due upon enrollment\*.  
(\*This is a non-refundable fee after April 1<sup>st</sup>)

Parent's name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature \_\_\_\_\_

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