

THE LINCROFT CENTER FOR CHILDREN
1475 West Front Street Lincroft, NJ 07738
Phone (732) 530-0643 Fax (732)- 530-0858

www.thelincroftcenterforchildren.org
lincroftcenterforchildren@gmail.com

PLEASE NOTE: A **non-refundable** registration fee of \$65.00 must accompany this application.

I. Child's Name _____ Desired date of enrollment _____

Date of Birth _____ Days of week (if applicable) _____

Street Address _____ Age _____

Town & Zip Code _____ Home/Cell Phone _____

II. Parent/Guardian Name _____ Occupation _____

Home Address _____ Bus. Address _____

Town & Zip _____ Town & Zip _____

Home/Cell Phone _____ Business Phone _____

Email Address _____

III. Parent/Guardian Name _____ Occupation _____

Home Address _____ Bus. Address _____

Town & Zip _____ Town & Zip _____

Home/Cell Phone _____ Business Phone _____

Email Address _____

IV. Other Children in the Family:

Name _____ Age _____ Name _____ Age _____

V. When and where has your child had previous group or school experience? (Use reverse side if necessary.)

VI. How did you hear of TLC?

Internet _____ Friend/Co-Worker _____ Name _____ Other _____

Fee Amount \$65.00 Date _____ Signature _____

- PLEASE PRINT CLEARLY!
Updated 1/2018