

340 Route 9 North

Marlboro, NJ 07726

Steppingstonesmarlboro@gmail.com

**Registration Form**:

[ ] $100 Registration/wait list fee

[ ] $500 Deposit

[ ] Medical Form

[ ] Completed Registration form with signed policies

Child’s name:

Date of Birth: Gender:

Date beginning School:

Address:

Mother/guardian full name:

Home phone: Cell phone:

Work phone: Email:

Father/guardian full name:

Home phone: Cell phone:

Work phone: Cell phone:

 **Attendance** [ ] Full time: 7:00 a.m. to 4:00 p.m. Monday through Friday

 [ ] After Care: 4:00 p.m. to 6:00 p.m. ($125 Extra Monthly Fee)

**Authorization to release:** The following individuals, other than guardian(s) listed below, will be allowed to pick up your child from our center. Special exceptions can be made by written consent. Please have them present ID upon arrival.

Name Relationship Cell Phone Work Phone

1

2.

3.