LINDGREN SCHOOL	PLEASE FILL OUT:	2015- 2016
211 IRVING AVENUE, CLOSTER, NJ 07624	5 Days Per Week	in days a must) MTWTHF
Phone 201-768-3550, Fax 201-768-1584 APPLICATION AND CONTRACT	3 or 4 Days (circle if certain days a must) M T W TH F AM 9:15-11:45 Lunch 11:45-12:45	
REGISTRATION FEE \$100 NEW FAMILIES	PM 1-3:30	
+ DEPOSIT OF \$300 for all applicants.	Full 9:15-3:30	
• •	Transportation	
	Round Trip,One W	/ayPick UpHome
CHILD'S FULL NAME	DATE OF BIRTH	male/female
ADDRESS		
Street HOME OR PRIMARY PHONE	Town	Zip
FATHER'S NAME	OCCUPATION	
MOTHER'S NAME	OCCUPATION	
SIBLINGS: NAMES/AGES	RELIGION	
SIBLINGS: NAMES/AGES  Doctor's Name and phone#	Hospital	TIONAL
,		
that your child has attended. Consider health, family, neight personality, character, or attitudes. Also, describe any specia will help us better understand and guide your child.	porhood, special situations, etc. all gains you wish for your child	which may impact your child's during the school year. This
Allergies? Please list	'1 l'a'0	dagariha an haal
Is your child being treated for any medical, physical, or behavioral condition?  Has your child ever received special educational services?		, describe on back.
EMERGENCY INFORMATION:		
Contact Father at: Address cell/ph	one # Bu	isiness phone
Contact Mother at:		
Address cell/ph	one # Bu	isiness phone
List two nearby people who will assume care of your child it	f you cannot be reached:	
1		
Name Address	Phone	cell#
2. Name Address	Phone	cell#
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My signature indicates that I have carefully read and agree to understand there will be no refunds or make-up days due		
during school time.	s.	
Parent's signature date		

Parent's signature date

WITHDRAWAL AND REQUEST FOR \$300 REFUND MUST BE MADE BEFORE April 1, 2015

Registration Fees are non-refundable