## Please print clearly and fill in all fields.

						13 Grade	
Indicate scheduling preference by numerical order. If no preference is given, we will choose for you. More than one option must be chosen.						Office Use Only:	
Manaday	•		•		4.45DM CDM	Tuition due: \$	
ivionday	4:45PIVI-6PI	viiuesday	Tuesday 4:45PM-6PMWednesday 4:45PM-6PM			Tuition paid: \$	
		Tuesday	6:30PM-7:45PM			Balance due: \$	
Child's Name:							
Child's Name: Last			Fi	First		Middle	
Sex (circle):	Male Fe	emale	Birthdate:				
				month	date	year	
Mailing Addres	SS:		Т.		N,	J	
	Stree	τ	10	own		Zip	
Home Phone:			Fa	mily Email: _			
Emergency Co	ntact:	Name		.1.4!		<b></b>	
				elation		hone #	
opeciai Needs.	anergies, inc						
Nom:			Work Pho	Work Phone:		Cell:	
Dad:			Work Pho	Work Phone:		Cell:	
Custodial Pare	nt or Guardia	n, if different from	above:				
paptismal certi	ficate OR	_		-	st supply us with	First a copy of your child's	
•		·	•	•	month	date year	
	same day/tin	ne. If you would p			_	el into separate classes ame class, please circle	
	s and assigns	from any and all	of Metuchen and it claims, actions an			s, agents, legal nd relating to the use of sa	
Print Name	Signature						
List all siblings Names:	s wishing to b	e placed on the sa	ame schedule:			Grade Level Fall 2024	
						<del></del>	