

NJ's First Nationally Accredited Early Childhood Program

Date	;			

PRE	LIMINA	RY AI	PPLICA	NOITA	compl	ete and	return th	is form to	o place	e your child	d on the	waiting	list	
Child's Name							Date	of Birt	h				_	
Gender:							Home Phone							
Home Address	i													
•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Parent/Guardia	an 1 Nam	e											_	
Employer														
Email address_						_	Rutg	ers affilia	ated?	□ yes	□ no			
Vork/daytime բ	phone						Cell/	other pho	one					
• Parent/Guardia	• an 2 Nam			•		•	•	•		•		•	•	,
Employer													_	
Email address_						_	Rutg	ers affilia	ated?	□ yes	□ no			
Vork/daytime phone					Cell/other phone									
•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Preferred enrol	llment da	te												
Questions/com	ıments/ar	nythin	g else y	ou'd like	e us to kn	ow?							_	

For more information, or to schedule a tour of the Center, please call between 7:00 AM and 5:30 PM, or contact info@rldcc.org.

