

THE LEARNING JUNCTION

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Port Reading, NJ 07064
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www.learningjunction.info

For Office Use Only

Start Date: _____

Cash /Check #: _____

Amount: _____

APPLICATION FOR ADMISSION 2024 – 2025

CHILD	Name of Child: <small>FIRST MIDDLE LAST</small>			Today's Date: <small>MM DD YR</small> / /		
	Date of Birth: <small>MM DD YR</small> / /		Age: _____	Sex: <small>(Circle)</small> Male Female		Home Phone: _____
	Street Address: _____		Apt: _____	City: _____		State: _____ Zip Code: _____
PARENTS INFORMATION	FATHER			MOTHER		
	Last Name: _____			Last Name: _____		
	First Name: _____			First Name: _____		
	Occupation: _____			Occupation: _____		
	Work Phone: _____			Work Phone: _____		
	Cell Phone: _____			Cell Phone: _____		
E-Mail: _____ <input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> Other			E-Mail: _____ <input type="checkbox"/> @ gmail.com <input type="checkbox"/> @ yahoo.com <input type="checkbox"/> @ icloud.com <input type="checkbox"/> other			

EMERGENCY CONTACTS	Contact Name #1: _____	Contact Name #2: _____
	Relationship: _____	Relationship: _____
	Cell Phone: _____	Cell Phone: _____
	Name of Pedritician: _____	Phone Number: _____
	Address: _____	

PROGRAMS	IN PERSON PRIMARY	Kindergarten - 5th grade
	<input type="checkbox"/> 6 weeks to 12 months <input type="checkbox"/> 5 days <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days	<input type="checkbox"/> Aftercare only <input type="checkbox"/> Before and Aftercare
	<input type="checkbox"/> 12 months - 2 1/2 years <input type="checkbox"/> 5 days <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days	
	<input type="checkbox"/> 2 1/2 years to 6 years <input type="checkbox"/> 5 days <input type="checkbox"/> 4 Days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days	

Are there any legal custody restrictions for your children for your children? Yes ☐ No ☐

Please explain the legal custody restrictions and submit paperwork to reflect details of the restrictions prior to the start date. Please also indicate if there is a custody schedule or if case worker is involved.

Please list the names of your child's siblings:

1. _____ Age: _____ Sex: _____ School: _____
Name

2. _____ Age: _____ Sex: _____ School: _____
Name

List previous school experience(s) your child has had.

If your child has had previous school experience, what is your reason for this change?

What are your immediate goals for your child?

What are your long-term goals for your child?

What would you like us to know about your child (temperament, learning, style, separation, and care other than parents)?

Please offer us your feedback!

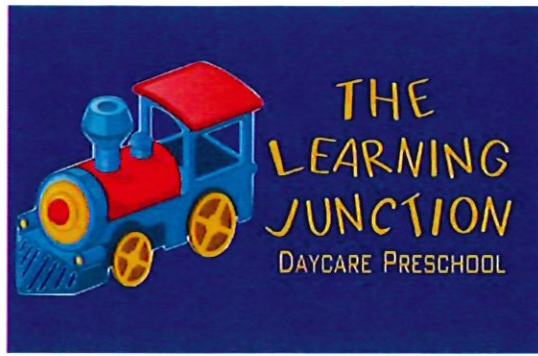
How did you hear about *The Learning Junction*? Please indicate.

☐ Friend/ Name Former student : _____

☐ Website: _____

☐ Search engine: _____

☐ Other(specify): _____



I fully understand that my deposit at The Learning Junction will be held until the last month of my child's attendance. I will need to give a 30 day notice prior in writing in order for my deposit to be applied for the final month; if for any reason I choose to withdraw my child without a 30 notice, I would forfeit my deposit.

Name of Child: _____

Parent Signature: _____ Date: _____