



The Drop In Center at CCNS

ANNUAL REGISTRATION FORM

CHILD'S NAME _____ DOB _____ M _____ F _____

SCHEDULE REQUESTED: (circle days) M T W TH F

APPROXIMATE TIMES _____

DOES YOUR CHILD ATTEND CCNS? IF SO, WHICH CLASS _____

HOME ADDRESS _____

PARENT (1) NAME _____

(1) EMAIL _____ (1) RELATIONSHIP TO CHILD _____

(1) CELL PHONE # _____

PARENT (2) NAME _____

(2) EMAIL _____ (2) RELATIONSHIP TO CHILD _____

(2) CELL PHONE # _____

PRIMARY BILLING CONTACT PERSON: _____ PARENT (1) OR _____ PARENT (2)

Please include the annual registration fee of \$75 with this form. The \$75 Drop In registration fee is waived for all students who attend CCNS and Drop In within the same school year.

Parent Signature _____ Date _____

Thank you!

We look forward to working with you and your child in the Drop In Center at CCNS! We will reach out to finalize paperwork (Universal Health Form with immunization records, Emergency Contact Form and Parent Receipt of Information Form) and set up a start date after you submit the registration form.

The Drop In Center at CCNS 30 East Lane, Short Hills, New Jersey 07078
(973)-379-6549 x1 dropinregistrar@verizon.net