

ASSUMPTION EARLY CHILDHOOD CENTER REGISTRATION APPLICATION

35 Jefferson Ave, Emerson NJ 07630 (entrance on Locust Ave) 201-262-0300 Fax 201-262-5910
www.assumptionacad.org

(All families are required to complete – New or Re-registering)

All information is kept confidential

"We must secure this information to better serve the needs of your child"

...Please circle: M TU W TH F

Date of Entry _____ Grade _____ 5 Full _____ 5 Half _____ 3 Full _____ 3 Half _____

Child's Name _____ Date of Birth _____

Child's Nickname (if any) _____ Country of Birth _____

Home Address _____ Town _____ Zip _____

Home Ph _____ Child's Religion _____

Father's Name _____ Religion _____

Address _____ Cell Ph _____

Occupation _____ Work Ph _____

E-mail Address (father) _____

Mother's Name _____ Religion _____

Address _____ Cell Ph _____

Occupation _____ Work Ph _____

E-mail Address (mother) _____

Marital Status _____ Other Languages Spoken at Home _____

Names & Ages of Siblings _____

Legal Guardian (if applicable) _____

Address _____ Home Ph _____

Cell Ph _____ Work Ph _____

Is there a custodial arrangement for the child? _____ yes _____ no

Child's Race/Ethnicity (check all that apply) Gender: _____ Male _____ Female

____ American Indian/Alaska Native ____ Black/African American ____ Native Hawaiian/Pacific Islander
____ Asian ____ Hispanic or Latino ____ White ____ Some other Race _____