

**ENROLLMENT APPLICATION / SOLICITUD DE INSCRIPCIÓN**

Fall  Summer  year \_\_\_\_\_



**Education Plus LLC**

Email: [educationplusllc@gmail.com](mailto:educationplusllc@gmail.com)

Phone: English 973-714-1251 Phone: Spanish and English 973-557-1285  
"4C's funding accepted"

Date / Fecha \_\_\_\_\_

Student Name/Nombre del estudiante \_\_\_\_\_

Current Grade: Grado actual \_\_\_\_\_ Date of Birth: Fecha de nacimiento \_\_\_\_\_

Home Mailing Address: Dirección postal de su domicilio \_\_\_\_\_

City/Ciudad \_\_\_\_\_ State: Estado \_\_\_\_\_ Zip Code: Código postal \_\_\_\_\_

Home Phone: Teléfono residencial \_\_\_\_\_

Parent: Guardian Name \_\_\_\_\_

Parent/Guardian Work Phone: Teléfono del trabajo del padre/tutor \_\_\_\_\_

Cell Phone: Teléfono celular \_\_\_\_\_

Email Address: Dirección de correo electrónico \_\_\_\_\_

Name of Emergency Contact: Nombre del contacto de emergencia \_\_\_\_\_

Home Phone: Teléfono residencial \_\_\_\_\_ Cell Phone: Teléfono celular \_\_\_\_\_

**Required for Parent/Guardian**

- I give permission for School Nurse to give copies of my child's MEDICAL INFORMATION and MEDICAL INSURANCE CARD for Education Plus LLC's Files.

**Requerido para el padre/tutor**

- Doy permiso para que la enfermera de la escuela entregue copias de la INFORMACIÓN MÉDICA y la TARJETA DE SEGURO MÉDICO de Education Plus LLC's Archivos.
- I give permission for my child to attend Education Plus LLC's educational program (s) checked above.
- Doy permiso para que mi hijo asista a los programas educativos de Education Plus LLC verificados anteriormente
- I give permission for my child to go on field trips when Education Plus LLC's offers them.
- Doy permiso para que mi hijo vaya a excursiones cuando Education Plus LLC se lo ofrezca

**\*\*By signing below, you are attesting that the information provided is accurate and you grant the above permissions requested. \*\*Al firmar a continuación, usted certifica que la información proporcionada es precisa y otorga los permisos solicitados anteriormente.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Firma del padre/Guardian \_\_\_\_\_ Fecha: \_\_\_\_\_

List any Medical Conditions such as allergies, Medications being taken.

Enumere cualquier condición médica como alergias, medicamentos que se están tomando.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ We follow the Board of Education's Curriculum. Education Plus LLC is not an affiliate or a division of Paterson Public School and is not affiliated with the contract of PEA.

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# ENROLLMENT APPLICATION / SOLICITUD DE INSCRIPCIÓN

Fall  Summer  year 2023/2024



## Education Plus LLC

Email: [educationplusllc@gmail.com](mailto:educationplusllc@gmail.com)

Phone: English 973-714-1251 Phone: Spanish and English 973-557-1285  
"4C's funding accepted"

Students Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parents First Name \_\_\_\_\_  
Apellido de los estudiantes \_\_\_\_\_ First Name \_\_\_\_\_ padres First Name \_\_\_\_\_

Must fill out Names and Phone numbers of who will be picking up your Child/Children **Debe completar los nombres y números de teléfono de quién recogerá a su hijo / hijos \*\*\*\*\* In order to keep our children safe, we are asking for a current Photograph of the person/persons you are giving permission to pick up your child/ children!!!!!!!**

I give permission for my child to be picked up from Education Plus LLC's program(s) by any of the persons listed below at dismissal time or any time in case of an emergency or early school closing.

Con el fin de mantener a nuestros hijos seguros, estamos pidiendo una fotografía actual de la persona / personas a las que está dando permiso para recoger a su hijo / hijos!!!!!!!

Doy permiso para que mi hijo sea recogido de los programas de Education Plus LLC's por cualquiera de las personas enumeradas a continuación a la hora de salida de las 3 p.m. o en cualquier momento en caso de una emergencia o cierre temprano de la escuela.

Persons First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Personas Primero Nombre \_\_\_\_\_ Apellido \_\_\_\_\_ Relación a Child \_\_\_\_\_

Daytime Phone:Teléfono diurno \_\_\_\_\_ Cell Phone: Teléfono diurno \_\_\_\_\_

Address \_\_\_\_\_

Persons First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Personas Primero Nombre \_\_\_\_\_ Apellido \_\_\_\_\_ Relación a Child \_\_\_\_\_

Daytime Phone:Teléfono diurno \_\_\_\_\_ Cell Phone: Teléfono diurno \_\_\_\_\_

Address \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Additional information you would like us to know about your child. List Health issues we should be aware of such as food allergies, physical limitations, or anything else we should know to keep your child safe.)

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I have read this and agree to a \$5.00 late pick up charge at the time of pick up. Initial Here \_\_\_\_\_ Date \_\_\_\_\_

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