

jenny@njccpd.org

## A COURSE ENROLLMENT/INVOICE FORM

**FALL 2024** 

	PRESCHOOL	INFANT/TODDLER	
Telephone Number			
Emergency Contact		Telephone Number	
PLEASE SELECT LEVEL OF EDUCATION (ATTACH PROOF): XHigh School DiplomaGEDAssociatesBachelorsMastersEd.D/Ph.D.			
School Affiliation			
Name		License #	
Address			
Telephone Number	r:	Email Address:	
Director/ <b>Principal</b>			
_XTeacher	Teacher AsstParent_	School LeaderHome Visitor_	Other
For Office Usse Only RegistrationEnrollmon Payment Plans: Scholarship: Aprova	<u>/:</u> ALL FEES ARE N ent Fee: \$25.00 ♣ Plan 1: 1 X \$1,500.00	<b>Tuition Total Cost \$1,500.00 Plan 2</b> : 3 X \$500.00	*