

Child Development Learning Lab
Enrollment Form

Child's Name: _____

Address: _____

Town: _____

Phone: _____

Parent's Names: _____

Child's Date of Birth: _____

Session Preferred: AM _____ PM _____

Please Return to:
Mrs. Charlene Collamer
Southern Regional High School
90 Cedar Bridge Road
Manahawkin, NJ 08050

Deposit due at time of registration. Please do not send check at this time.