

223 14th Street • Palisades Park, NJ 07650

www.LesEnfantsChildCare.com

Phone: (201) 592-6695 • Fax: (201) 302-9729

2024- 2025 REGISTI CHILD'S NAME: ADDRESS:	DATE OF BIRTH:
SIGNATURE:	
Selection: Please check (X) your selection in each of the boxes below:	
CLASS NOTE: Class placement is based on the child's age on October 1st. 5, 3, 2 Day Options: () Pre K-Prep () PRE K-3 5 Days only: () Pre K-4	
PROGRAM NOTE: Please indicate first and second choice by (1) & (2) () Extended Day: Please indicate estimated drop off & pick up time: to	
DAYS NOTE: Please indicate first and second choice by () 5 Days: Monday through Friday (Mandatos) () 3 Days:* 3 days are subject to availability () 2 Days:* 2 days are subject to availability *Indicate the days requesting:	ry for Pre K-4) - see office for openings.
Please note that days requested need to be approved by the office	