

## APPLICATION FOR ENROLLMENT

School Year 2023-2024

**1. PROGRAM SELECTION** Chosen Start Date: \_\_\_\_\_

	<b>Half day</b> 8:30am - 12pm	<b>Full day</b> 8:30am - 4pm	<b>Extended day</b> 8:30am - 6pm	<b>Schedule</b>
<b>2 days</b>	\$1,105	\$1,250	\$1,350	Monday/ Tuesday Thursday/ Friday
<b>3 days</b>	\$1,295	\$1,550	\$1,725	Monday/ Tuesday/ Wednesday Wednesday/ Thursday/ Friday
<b>5 days</b>	\$1,525	\$1,825	\$2,025	Monday - Friday

*\* Our school admits students of at least 2.5 years old, please email our school separately if your child is between 2 and 2.5 years old at application time.*

*\* Deposit is 1-month tuition and is fully refundable with 30-day notice.*

*\* Please send all applications to [admission@thelibertyschooljc.com](mailto:admission@thelibertyschooljc.com)*

**2. STUDENT INFORMATION**

- Student's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- What foreign languages does your child speak (if any)? \_\_\_\_\_

**3. PARENT INFORMATION (1<sup>st</sup> parent)**

- Parent Name: \_\_\_\_\_
- Home address: \_\_\_\_\_
- Cellphone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Occupation: \_\_\_\_\_

**4. PARENT INFORMATION (2<sup>nd</sup> parent)**

- Parent Name: \_\_\_\_\_
- Do both parents live together? \_\_\_\_\_  
If no, please provide home address: \_\_\_\_\_
- Cellphone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Occupation: \_\_\_\_\_

**5. ADDITIONAL FAMILY INFORMATION**

*(We would love to learn more about children's home environment to connect better with them. The answers here are optional.)*

- Applicant's Parents are now:

Married	Separated	Divorced	Single Parent	Partners
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- Please list any siblings in applicant's family (name *and* age):  
\_\_\_\_\_
- Please list anyone else with permission to pick your child up from school:  
\_\_\_\_\_

**6. DETAILED INFORMATION ABOUT YOUR CHILD:**

- How would you like to describe your child overall?

113 Liberty View Dr, #1G  
Jersey City, NJ 07302  
973-346-2580  
[admission@thelibertyschooljc.com](mailto:admission@thelibertyschooljc.com)  
[www.thelibertyschooljc.com](http://www.thelibertyschooljc.com)



- Please describe your child's daily routine: (wake time/nap/activities/bedtime):
  
  
  
  
  
  
  
  
  
  
- Please describe your child's eating habits and diet: (what/when/how well):
  
  
  
  
  
  
  
  
  
  
- Does your child have any food allergies or medical issues that we should be aware of?
  
  
  
  
  
  
  
  
  
  
- Has your child attended school before? If yes, what are the reasons for leaving?
  
  
  
  
  
  
  
  
  
  
- How did you hear about our program?

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**7. SUBMISSION**

I/We hereby submit this Application to enroll my/our child in at The Liberty School (“TLS”) for the 2023-2024 school year (the “School Year”), for the above-selected program. I/We acknowledge that by submitting this Application, TLS shall consider my/our child for enrollment at TLS for the School Year but is not guaranteeing a spot for my/ our child the School Year.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_