





Quakerbridge Learning Center 4044 Quakerbridge Road Lawrenceville, NJ 08619-1007 Phone: (609)588-4442 Cell: (609)933-8806 E-mail: <u>qlc4044@quaker-bridge.com</u>

Website: www.quaker-bridge.com

Program Enrollment Form 2024

Student Name				Se	х		
School				Grade			
Home Address			·				
City				ZIP Code			
Student Gmail	Account: (GMAIL)						
	Cellphone or contact text mess	Cellphone or contact text message:					
Parent/G Name	Parent email addre	Parent email address		Cellphone /Contact		ict	
							Mother
							Father
Program Subject	Scheduled Date and	Program Length			NOTE		
	Time						
	Time						
	Time						
During the summer c	ass, center provides the follow	ing servi	ces				
-			ces			ye	es 🗆 no
-	ass, center provides the follow		ces				es 🗆 no
I want to be	ass, center provides the follow			es of my			
I want to be	ass, center provides the follow e listed on the carpool network sportation			es of my	 child	ye	

	** My child is allerg	gic to certain food:	
			
Please	read and understand QBCLS Po	olicy:	
1. 2. 3. 4. 5. 6. 7.	A Coupon is only valid for a furthere will be no refunds or cr QBCLS reserves the right to ch There are no refunds or credit	nange, cancel or modify any class t for absences. rvice charge are separate calcula	veek applications. before June 8 with \$250 w/d charge schedule.
	My tuition total ar	mount after coupon(disc	ount) is
	\$	With	way of payment
	Singed by Parents/Guardian:		
	Print your name:		

Date: _____