





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

Website: www.quaker-bridge.com

Program Enrollment Form 2025

Student Name			Sex				
School			Grad	e			
Home Address					,		
City			ZIP Code				
Student Gmail	Account: (GMAIL)						
	Cellphone or contact text message:						
Parent/G Name	Parent email address		Cellphone /Contact				
					Mother		
					Father		
Program Subject	Scheduled Date and Time	Program Length			NOTE		
During the summer class, center provides the following services							
During the summer c	ass, center provides the follow	ing servic	es				
-	ass, center provides the follow		es	□ ye	es □ no		
-	e listed on the carpool network		es	,	es □ no es □ no		
I want to be	e listed on the carpool network			□ ye			
I want to be	e listed on the carpool network			□ y∈			

	** 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: _____