

APPLICATION FOR ENROLLMENT

Summer Camp 2024

1. PROGRAM SELECTION

	Half day 8:30am - 12pm	Full day 8:30am - 4pm	Extended day 8:30am - 6pm	Schedule
2 days	\$293 /week	\$331 /week	\$358 /week	Monday/ Tuesday Thursday/ Friday
3 days	\$343 /week	\$411 /week	\$457 /week	Monday/ Tuesday/ Wednesday Wednesday/ Thursday/ Friday
5 days	\$404 /week	\$484 /week	\$537 /week	Monday - Friday

Please choose the weeks of attendance:

Theme	Date	Selection
Week 1: A Journey Beyond the Stars	Jun 17-Jun 21	
Week 2: Explore Light and Shadow	Jun 24-Jun 28	
Week 3: Sculpting with clay	Jul 01-Jul 05	
Week 4: The world under the sea	Jul 08-Jul 12	
Week 5: Rainforest Adventures	Jul 15-Jul 19	
Week 6: Discovery Quest	Jul 22-Jul 26	
Week 7: Recycling Art	Jul 29-Aug 02	
Week 8: Food Around the World	Aug 05-Aug 09	
Week 9: Building & Construction	Aug 12-Aug 16	
Week 10: Adventure tales	Aug 19-Aug 23	
Week 11: Things that roll	Aug 26-Aug 30	

- * Our summer program admits students of at least 2.5 years old
- * Deposit is \$60/week on registration and all tuition is due on May 1
- * 5% discount for sign up of 5-day/week, full-day or extended day, for all 11 weeks
- * Applications are processed in the order which they are received
- * Please send all applications to admission@thelibertyschooljc.com

2. STUDENT INFORMATION *(please complete this section even for existing students)*

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

3. PARENT INFORMATION (1st parent) *(existing students may skip this section, unless there are changes)*

- Parent Name: _____
- Home address: _____
- Cellphone: _____
- Email: _____
- Occupation: _____

4. PARENT INFORMATION (2nd parent) *(existing students may skip this section, unless there are changes)*

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

5. ADDITIONAL FAMILY INFORMATION *(existing students may skip this section, unless there are changes)*

(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
---------	-----------	----------	---------------	----------

- Please list any siblings in applicant's family (name *and* age):

6. INFORMATION ABOUT YOUR CHILD: *(existing students may skip this section, unless there are changes)*

- How would you like to describe your child overall?

- Does your child have any allergies, dietary restrictions, medication or medical issues that we should be aware of?

- Has your child been diagnosed with any mental, physical or emotional illnesses, disabilities or special conditions? If yes, please provide details.

- Are there things that may make your child anxious or scared?

- Has your child attended school before? If yes, what are the reasons for leaving?

- How did you hear about our program?

113 Liberty View Dr, #1G
Jersey City, NJ 07302
973-346-2580
admission@thelibertyschooljc.com
www.thelibertyschooljc.com



7. SUBMISSION

I/We hereby submit this Application to enroll my/our child in at The Liberty School (“TLS”) for the Summer Camp 2024 (the “Summer Camp”), for the above-selected program. I/We hereby confirm that all the information I/we provide to TLS in any form is true and correct to the best of my/our knowledge and belief. I/We acknowledge that by submitting this Application, TLS shall consider my/our child for enrollment at TLS for the Summer Camp but is not guaranteeing a spot for my/ our child the Summer Camp.

Parent/guardian Signature: _____ Date: _____
Parent/guardian Name: _____