



137 Monticello Avenue
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CLASS REGISTRATION FORM



Which specialty CLASSES are you currently seeking for your child? (Please check all that apply)

- Zumba for Special Needs
- Sign Language and Speech
- Tummy Time
- Arts and Crafts
- Handwriting
- Tutoring

Which specialty SERVICES are you currently seeking for your child? (Please check all that apply)

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- ABA Therapy
- Play Therapy

Child's Full Name (Last, First): _____

Date of Birth: ___/___/___ Age: ___ Sex: F M

Parent/Guardian Name: (Mr./Ms./Miss) _____

Home Address: _____

Primary Contact#: (____) _____ - _____

Please Circle: (Home/Work/Cell)

Email: _____

Secondary Contact: (____) _____ - _____

Please Circle: (Home/Work/Cell)

Email: _____