

Date: _____

Information Form

Name of Child _____

Parent Name _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Cell # _____

Email Address _____

Child's date of birth _____

Family Income _____

of Family members _____

For office use only

- Meet HS eligibility Criteria

Formulario de Información

Nombre de Niño _____

Nombre del Padre _____

Dirección _____

Ciudad _____ Estado _____ Zip _____

Número de teléfono _____ Celular # _____

Correo electrónico _____

Fecha de nacimiento del niño _____

Ingreso familiar _____

Número de miembros en la familia _____

Solo para uso de la oficina

- Meet HS eligibility Criteria



ADMINISTRATION
317 Elm Street
Newark, NJ 07105
973-465-0555

EARLY LEARNING CENTER
1 New York Avenue
Newark, NJ 07105
973-589-6873

FAMILY SUCCESS CENTER WEST
317 Elm Street
Newark, NJ 07105
973-465-0555

COMMUNITY CENTER
432 Lafayette Street
Newark, NJ 07105
973-465-0947

FAMILY SUCCESS CENTER EAST
29 Cortland Street
Newark, NJ 07105
973-344-5949

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Adult Education
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-Ironbound Extension Center
Senior Services
Environmental Justice
Community Development
Community Gardens

www.ironboundcc.org
info@ironboundcc.org



Formulário de Informações

Nombre da Criança _____

Nome do pai/mãe _____

Endereco _____

Cidade _____ Estado _____ Zip Code _____

Numero do telephone _____ Numero de celular _____

E-mail _____

Data de nascimento da criança _____

Renda Familiar _____

Cuantos miembros na familia _____

Casado/a _____ Soltero/a _____ o utro _____

For office use only

- Meet HS eligibility Criteria

I understand that this information does not guarantee my child space

Yo entiendo que esta información no garantiza un espacio para mi niño/na en la escuela.

Eu entendo que esta informação não garante matricula nesta escola.

Parent Signature/ Firma de Padre/Assignatura do pai/mãe



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