



# H.O.P.E. LEARNING CENTER

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Website: [hopeducationalcenter.com](http://hopeducationalcenter.com)

## APPLICATION FORM

### FAMILY INFORMATION

Mother's Name \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Father's Name (Optional) \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Address No. 1 \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address No. 2 \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### STUDENT INFORMATION

Name \_\_\_\_\_  
First Middle Last

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

School Attending \_\_\_\_\_

### EMERGENCY NUMBERS

Name \_\_\_\_\_ Ph. \_\_\_\_\_ Relation \_\_\_\_\_

*For I know the thoughts that I think toward you, says the Lord, thoughts of peace and not of evil,  
to give you a future and a hope. (Jeremiah 29:11)*

Name \_\_\_\_\_ Ph. \_\_\_\_\_ Relation \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Does your child have any physical defects or allergies? \_\_\_\_\_ If yes please explain \_\_\_\_\_

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**SERVICES INFORMATION**

Please check all services applicable. I want to enroll my child to receive the following services.

Extended Services                       Homework Help                       Tutoring Services

**GENERAL INFORMATION**

How did you hear about the H.O.P.E. Learning Center? \_\_\_\_\_

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Reason for selecting our After School Program \_\_\_\_\_

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**PAYMENT OPTIONS**

I prefer to pay  Weekly     Monthly Note: Payment due on the first Monday of the week or month.

*For I know the thoughts that I think toward you, says the Lord, thoughts of peace and not of evil, to give you a future and a hope. (Jeremiah 29:11)*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER COMMENTS**

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***THANK YOU FOR CHOOSING H.O.P.E. LEARNING CENTER***