30 Maple Avenue/PO Box1216
Montclair, NJ 07042

Phone: 973-744-4228
Fax 973-744-0737
Email:neighborhoodchildcare@verizon.net

December 1, 2025

Teaching with care

2026-2027 Summer / Fall Registration

Dear Parents:

It's that time to secure your child's space for the Summer Camp and the Fall Session. This includes Infant & Toddler, Pre-School, Summer Program and for the Fall session Before & After Care.

As always, our NCICC Family gets first choice before we open up to the public.

We do not want to turn away new families seeking our service; therefore, your timely respond is require.

Attached please find the registration form to be completed in **full** and return to the office, with a non-refundable fee of $80.00 per Family- New family $100.00

Please return registration form to the office by Friday January 30, 2026

Should you have questions, please feel free to contact the office via phone or e-mail.

Sincerely,

Ms. Avissa Beek/Peniston
Executive Director

Marvin Dunn

Accounting/Enrollment

Neighborhood Child & Infant Care

2026-2027 Summer / Fall Registration Form

Please check the appropriate box

My Child/Children, will attend NCICC Summer Enrichment Program; Yes ___ No ___

My Child / Children, will attend NCICC Fall/ Winter Program for the School Year 2026-2027

Yes ( ) No ( )

Child / Children's Name

_____

Date of Birth: ___/ ___/ ___ 2nd Child Date of Birth: ___/___/____

3rd Child Date of Birth: __ /___/____ 4th Child Date of Birth: __ /___ /___

Parent/Guardian Name: _____

Home Address: _____Apt#_____

Town: _____ Zip code: _____

Contact Information: Phone: _____Email: _____

Emergency Contact: _____ Relationship: _____

Phone #_____

Mini Mountie Pre-K (Only)

Please check the appropriate box

My Child/children, will attend NCICC Summer Camp Program; Yes ___ No ___

My Child / Children, will attend Mini Mountie Classroom Fall/ Winter Program for the School Year 2026-2027

Yes ( ) No ( )

Child / Children's Name (Mini Mountie Classroom/Student must be Registered with Montclair Board Education prior to Enrollment)

_____

Date of Birth: ___/ ___/ ___ 2nd Child Date of Birth: ___/___/____.

Home Address: _____Apt#_____

Town: _____ Zip code: _____

Contact Information: Phone: _____Email: _____

Emergency Contact: _____ Relationship: _____

Phone #_____

Please return to the office with registration fee by Friday January 30, 2026.

FOR OFFICE USE ONLY

Amount Paid $_____ Date_____

Paid by (check one) Visa___ Master card__ Check Money order___ Cash___

Summer Camp only: ___ Fall/ Winter Session___ Before School___ After School___

Student Name_____.

Received by: _____.