

*English



Early Childhood Registration

SELECT A SERVICE

Frances C. Smith Sch. 50

1000 S Elmora Ave, Elizabeth, NJ, 07202

[Read more](#)

45 minutes

Donald Stewart Sch.51

544 Pennsylvania Ave, Elizabeth, NJ 07201

[Read more](#)

45 minutes

Dr. MLK Jr. Ecc Sch. 52

130 Trumbull St, Elizabeth, NJ 07206

[Read more](#)

45 minutes

Select your preferred appointment location



DATE



< > February

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27		29		




TIME

8:30 AM	9:15 AM	10:00 AM
10:45 AM	11:30 AM	1:30 PM
2:15 PM	4:00 PM	4:45 PM
5:30 PM	6:15 PM	



Select your preferred appointment Date and Time available

All times are in (UTC-05:00) Eastern Time (US & Canada) ▼

 **ADD YOUR DETAILS**

First and last name

First and last name

Email

Email

Address

Address

Phone number

Add your phone number

Type
Parent/Guardian
Information

 **PROVIDE ADDITIONAL INFORMATION**

Full Student Name

Add your answer here

Student Date of Birth

Add your answer here

Type
Student
information



Book

*Spanish



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45 minutes

Seleccione el
lugar de la cita



DATE



< > February

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
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Seleccione su cita preferida Fecha y hora disponible

All times are in (UTC-05:00) Eastern Time (US & Canada) ▼

 **ADD YOUR DETAILS**

First and last name ***(Nombre y Apellido del padre/madre o tutor)**

First and last name

Email ***Correo Electronico**

Email

Address ***Direccion**

Address

Phone number ***Numero de Telefono**

Add your phone number

Escriba la información del padre/madre o tutor

 **PROVIDE ADDITIONAL INFORMATION**

Full Student Name ***Nombre completo del Estudiante**

Add your answer here

Student Date of Birth *** Fecha de Nacimiento del Estudiante**

Add your answer here

Escriba la información del estudiante



Book