



Child's Enrollment Form

1329 Route 38 | Hainesport, NJ 08036

CHILD

| | |
|--|-----------------------------------|
| Today's Date _____ | Date of enrollment ____/____/____ |
| Child's name _____ | Date of Birth _____ |
| Name by which child is most often called _____ | |
| Home address: _____ | |
| Phone: _____ | |

PARENTS

| Father | Mother |
|----------------------------------|----------------------------------|
| Name: _____ | Name: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Address: _____ | Address: _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |

WORK

| | |
|---------------------------------|---------------------------------|
| Place of Occupation _____ | Place of Occupation _____ |
| Address: _____ | Address: _____ |
| City _____ State ____ Zip _____ | City _____ State ____ Zip _____ |
| Telephone: _____ | Telephone: _____ |

Persons to authorized to pick up your child or contact in case of emergency if parents cannot be reached.

| Contact 1 | Contact 2 |
|-------------------|-------------------|
| Name: _____ | Name: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

Child's Doctor

| |
|------------------|
| Name: _____ |
| Address: _____ |
| Telephone: _____ |

I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my home records:

1. Information to Parents Document _____ Yes _____ No
2. Policy on the Release of Children _____ Yes _____ No
3. Policy on Discipline _____ Yes _____ No
4. Policy on the Expulsion of Children from Enrollment _____ Yes _____ No
5. Policy on the Management of Illnesses/ Communicable Diseases _____ Yes _____ No

For provider's use only: Date of withdrawal

Family Information

Person(s) designated to pick up child other than parent(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name any person(s) specifically not permitted to pick up your child:

Name: _____ Relationship _____

Name: _____ Relationship _____

Language (s) spoken in the home:

List other children in the family:

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

List previous experience in child care including name of facility, dates attended and type of care, (such as family childcare, childcare center, nursery school, nanny)

Emergency Treatment Information and Authorization

I, (name of parent), _____, agree to the administration of emergency medical treatment to my child, (name of child) _____, by a duly qualified health practitioner in my absence.

I authorize (name of provider) _____ to arrange for such emergency medical treatment until such time as I can be present.

Sign in the presence of notary.

Signature _____

Date _____

To be filled in by the notary public.

Sworn and subscribed before me this _____ day of _____

Signature _____

What (if any) illness has your child had in the past month

Is your child now taking any type of medication? _____

Please list: _____

Is your child allergic to food, medicine, animals or anything else?

List any chronic or handicapping problem your child has, such as seizures, asthma, diabetes, heart disease, and respiratory illness:

Parent's hospitalization insurance or medical assistance plan:

Carrier: _____

Identification number: _____

Policy is in the name of _____

Personal Information Record for Infant/Toddler

Child's name: _____ Age _____

What is your child's current daily sleeping schedule?

Morning wake-up time _____ Evening bedtime _____

Daily naps _____

Is your child sleeping thru the night? _____

If not when does the child usually wake up at night? _____

What upsets or frightens your child? _____

What does your child find soothing or comfortable?

How is your child now reacting to strangers?

Is your child using a cup, bottle or both? _____

Are you breastfeeding your child? _____ If yes at what times? _____

What are the times your child is now receiving the bottle each day?

The number of ounces your child is now taking at each bottle feeding _____

Is your child taking formula, whole milk, skim milk or other? _____

Give any special instructions for preparing formula, if any

Are there any other special instructions concerning bottle feeding your child?

What are your child's favorite snacks?

Does he/she have a strong dislike for certain foods?

Are there any foods your child is not permitted to eat?

Items Needed For Your Child's First Day

- Completed Forms
- Crib Sheet
- Crib Blanket
- Extra clothing: underwear, pants, shirts, socks (2 sets)
- Smock or old shirt

Acknowledgement of Policies

Dear Parents,

This is in acknowledgement that you have read and received Essential Beginnings Learning Center policies, materials and the Parent Handbook.

I understand and comply with the policies in the enrollment documents and Parent Handbook.

Parents Name: _____

Parent's Signature: _____

Date: _____