

158 STERLING AVENUE, JERSEY CITY, NJ 07305 TEL: 201-332-7411 FAX: 201-332-7224

## **ENROLLMENT APPLICATION**

| Date of Enrollment:                            |          |  |  |  |
|--|----------|--|--|--|
| Child's Name:                                  |          |  |  |  |
| Date of Birth: Ge                              |          |  |  |  |
| Address:                                       |          |  |  |  |
|  |          |  |  |  |
| Name of Father/Guardian:                       |          |  |  |  |
| Address: (if different from above)             |          |  |  |  |
|  |          |  |  |  |
| Telephone: Day:                                | Evening: |  |  |  |
| Emergency Contact # (Beeper/Cell Phone/Other): |          |  |  |  |
| Name of Mother/Guardian:                       |          |  |  |  |
| Address: (if different from above)             |          |  |  |  |
|  |          |  |  |  |
| Telephone: Day:                                | Evening: |  |  |  |

| Employer's Name:  |  |  |
|---|--|--|
| Employer's Address:   |  |  |
| Employer's Phone Number:  |  |  |
| Emergency Contact #: (Beeper/Cell Phone/Other):                                       |  |  |
| Marital Status of Parent: Single Married Divorced Separated                           |  |  |
| Language Spoken at Home: English Spanish Other (Please Specify)                       |  |  |
| Is Your Child in Diapers? Is Your child potty trained?                                |  |  |
| Is your child enrolled in NJ Kid Care?  |  |  |
| Does the child have an illness or a physical/mental handicap? No Yes                  |  |  |
| Please Specify:   |  |  |
| I would like my child to attend: Full Day Extended Day 10 hour's wrap-around care     |  |  |
| Child's Doctor:   |  |  |
| Telephone:  |  |  |
| Address:  |  |  |
| Persons authorized to assume responsibility for the child if parent is not available: |  |  |
| Name:   |  |  |
| Relationship:   |  |  |
| Address & Telephone:  |  |  |
|   |  |  |

| Name:                |   |  |  |
|----------------------|---|--|--|
| Relationship:        |   |  |  |
| Address & Telephone: |   |  |  |
|                      |   |  |  |
| Ву                   | my signature, I attest to the following:  |  |  |
| •                    | That the above information is correct;  |  |  |
| •                    | That in the event of a medical emergency, I authorize <b>SUPERTOTS</b> to seek emergency medical care for my child as deemed necessary by the Director or designee; |  |  |
|                      | That I have received the Information to Parents Document.   |  |  |

| Parent Signature & Date |  |
|-------------------------|--|

## **CUSTODIAL INFORMATION:**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick child up, please explain below and attach a copy of appropriate documents. (Court Order)

ANY CHANGES IN INFORMATION (ADDRESS, PHONE, ETC.) MUST BE REPORTED TO THE CENTER AS SOON AS POSSIBLE. WE ARE NOT RESPONSIBLE FOR INFORMATION AND/OR CHANGES NOT REPORTED.

INCASE OF FAMILY VACATIONS, THE SCHOOL HAS TO BE INFORMED IN WRITING BEFORE THE TRIP. FAILURE TO DO THAT WOULD MAKE YOU LIABLE FOR THE TUITION FOR THAT PERIOD.

SHOULD YOU INTEND TO WITHDRAW YOUR CHILD FROM THE SCHOOL, YOU ARE REQUIRED TO INFORM THE SCHOOL IN WRITING TWO WEEKS IN ADVANCE.

THERE IS A NON-REFUNDABLE REGISTRATION FEE OF \$100.00