



Supertots II Educational Center, Inc.
Abbott Pre-K Program
167 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: _____ Gender: M _____ F _____

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): _____

Does the child have an illness or a physical/mental handicap? No ___ Yes ___

Please Specify: _____

EATING HABBITS

Is your child right-handed? _____ Is your child left-handed? _____

Does your child have a good appetite? YES _____ NO _____

Does your child have problem chewing solid food?

I would like my child to attend:

Normal 6 Hours _____, or 10 hour's wrap-around care _____

TOILETING HABBITS

Does your child know how to clean self after toileting? NO _____ YES _____

Will your child inform teacher when wet or soiled? No _____ YES _____

Any difficulties regarding toileting? (fears, constipation) YES _____ NO _____

SLEPPING HABBITS

Does child rest daily? YES _____ NO _____ At what time? _____

Does child sleep at rest time? YES _____ NO _____

Does child usually take anything to bed with him or her? YES _____ NO _____

Any difficulties regarding sleep? (fear, nightmares, etc.) YES _____ NO _____

If yes, please explain: _____

SOCIAL RELATIONSHIPS

Does child use words _____, phrases _____, or sentences _____?

Does child stutter? YES _____ NO _____

HAS child had social experience with other children? YES _____ NO _____

Is child friendly _____, aggressive _____, shy _____ or withdrawn _____?

How does child get along with siblings? _____

Child's Doctor: _____

Telephone: _____

Address: _____

*Persons **18 YEARS OR OLDER** Authorized to Pick Up child if neither parents are not available:*

Name: _____

Relationship: _____

Address & Telephone: _____

Name: _____

Relationship: _____

Address & Telephone: _____

By my signature, I attest to the following:

- That the above information is correct;
- That in the event of a medical emergency, I authorize ***SUPERTOTS II*** 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)

CHANGES IN YOUR 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.

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