



# Child Enrollment Application

(732) 490-7795 | 50 Main Street, Englishtown, NJ 07726

CatherinesCottageDayCare.com

Child's Name:		Nickname:	
Child's Age:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:		City:	State: Zip:
Street Address, if different:		Zip:	Home Phone:
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated  (For specialized living arrangements, please attach documentation)		Person(s) responsible for Payment:	

Parent's Name:	Parent's Name (2):
Driver's License State:	Driver's License State:
Driver's License Number:	Driver's License Number:
Place of Employment:	Place of Employment:
Address of Employer:	Address of Employer:
Work Hours:	Work Hours:
Work Phone:	Work Phone:
Email:	Email:

Names & Ages of Siblings:	List Any Allergies:
Special Needs of Your Child:	Name of School Previously Attended: (if applicable)

Parent #1 Name:	Parent #2 Name:
Parent #1 Cell Phone:	Parent #2 Cell Phone:
What time of day may we expect your child to arrive and depart?	
Mon: ____ - ____ Tue: ____ - ____ Wed: ____ - ____ Thur: ____ - ____ Fri: ____ - ____	

Name of Child's Physician: _____	Physician's Phone Number: _____
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Address of Physician: \_\_\_\_\_

Name and phone number of at least two other persons to contact if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Person(s) who may pick up your child other than parents (includes step parents, grandparents, or other) without prior notice:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

PHOTOGRAPHS: May we have permission to take photographs of your child in the classroom to be used on our website, bulletin boards, newsletters, and other events only pertaining to Catherine's Cottage Daycare?

**YES**     **No**

POLICY AGREEMENT: In applying to reserve child care services for my child, I agree to abide by the policies of the Parent Contract and/or Parent Handbook. In the event that I should desire to withdraw my child from Catherine's Cottage Daycare program, I agree to give written notice to the Director or Executive Director based on what is stated in the Parent Contract regarding my child's last day of attendance at Catherine's Cottage Daycare. I understand that my security deposit will be applied accordingly if I adhere to the terms listed in the Termination of Services section.

Catherine's Cottage Daycare does not discriminate on the basis of race, creed, color, gender, sexual orientation, or national origin.

Today's Date: _____	Desired Entry Date: _____
Parent's Signature (1): _____	Parent's Signature (2): _____

OFFICE USE ONLY:	
Enrollment Date: _____	Classroom: _____