

Little Friends of Jesus Nursery School—1881 Washington Valley Road
Telephone (732) 667-5272 Fax (732) 667-5277 Email: littlefriendsnursery@gmail.com

ENROLLMENT APPLICATION
(Please Print)

Enrollment Date _____

Child's Name _____
First Last Middle

Date of Birth: Month _____ Day _____ Year _____ Sex: Male _____ Female _____

Address _____ City _____ Zip Code _____

Telephone# Home _____ E-mail Address _____ Cell _____

Mother's Name _____ Occupation _____

Company _____ Address at Work _____ Telephone# _____

Father's Name _____ Occupation _____

Company _____ Address at Work _____ Telephone# _____

Child Allergies (Food, Medication, etc.) _____

Pediatrician's _____
Name Address Telephone#

Child's Social Security# _____ In case of emergency which Hospital can we take
your child to _____

Emergency contact in the event that we are unable to contact the parent/guardian(s) at the above numbers:

Address Telephone# Name

In case of emergency if neither parent will be able to be contacted may we seek emergency medical care for your child. YES _____ NO _____

Religion/Optional _____

Date received: _____ By: _____

As parent or guardian of this child, I state to have received from Little Friends of Jesus Day Nursery the following documents:

- A. **A copy of information** regarding parents visitation rights, state licensing requirements and other child care matters.
- B. **A copy of Regulations** with regard to the operation of the Nursery and the requirements necessary for the admission of a child to the Nursery.

Signature of Parent (Guardian) _____