

HEAVEN SENT NURSERY SCHOOL

298 Main Street  
Hackettstown, NJ 07840  
(908) 852-2006



PLEASE NOTE: In compliance with State Regulations, you must fill in every line of this form in order for your child to be registered at Heaven Sent. Thank you.



Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Contact Phone Number Parent Can Be Reached At: \_\_\_\_\_

Today's Date: \_\_\_\_\_ School Year \_\_\_\_\_ Gender: M F

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Persons authorized to assume responsibility for the child if parent is not available:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

By my signature, I attest to the following:

- \*That the above information is correct.*
- \*That in the event of a medical emergency I authorize Heaven Sent Nursery School to seek emergency care as deemed necessary by the Director.*
- \*That I have received the Information to Parents Document.*

\_\_\_\_\_  
**Parent Signature**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain on a separate page and attach a copy of the appropriate documents (court order).