

Name Of Child:	Birthdate:	Enrollment Date: 9/4/2023
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PARENT/GUARDIAN INFORMATION

Please check the box that indicates the primary residence of the child listed above.

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

Name:		Name:	
Relationship:		Relationship:	
Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:	
Home Address:		Home Address:	
E-mail Address:		E-mail Address:	
Employer Name:		Employer Name:	
Employer Phone:		Employer Phone:	
Employer Address:		Employer Address:	

EMERGENCY CONTACTS

Your child will not be released without prior authorization, unless there is a medical or other emergency and you cannot be reached, the persons designated in this section will be contacted by the center and are authorized to pick up your child. Center staff will release your child only to you or to the person(s) you have listed below. **For the safety of your child, we will request all authorized Release Persons whom staff is not familiar to provide Government Issued I.D. at the time of pick up.**

Contact Name #1:		Contact Name #2:		Contact Name #3:	
Relationship:		Relationship:		Relationship:	
Cell Phone:		Cell Phone:		Cell Phone:	
Home Phone:		Home Phone:		Home Phone:	
Employer Phone:		Employer Phone:		Employer Phone:	

CUSTODY

Name of person(s) **PROHIBITED** from picking up your child:

If a non-custodial parent has been denied access or granted limited access to the child by court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

CARE NEEDS

Is there anything we should know about your child's care needs to ensure that we provide the best quality education and care?

MEDICAL INFORMATION

Child's Primary Physician:

Primary Physician Phone Number:

Primary Physician Address:

Name of Insurance Company/HMO:

Group #:

Identification #:

Subscriber's Name on Insurance Card:

Know Allergies (Including Medication):

Medication My Child is Taking:

List Conditions, Disabilities, Medical/Physical Restrictions:

Medical Information for Emergency Situations:

HEALTH STATEMENT

As the parent/ guardian of the above-named child, I certify that he/she is in good physical health and may participate in normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above, an attached Universal Health Record, or an Emergency Care Plan for Children with Special Health Needs.

Parent/Guardian Initials: _____

EMERGENCY TREATMENT

As the parent/legal guardian of the above-named child, I attest that the information above is correct. In case of emergency, I understand that center staff will attempt to contact me immediately. I also hereby consent to my child receiving medical treatment deemed necessary by center staff if my child is injured or requires medical attention during his/her time at the childcare center. Such treatment can include:

- Consult the physician or dentist named above.
- Administer first aid and or cardiopulmonary resuscitation.
- Transport my child via ambulance or other emergency medical service to a local hospital prefaced below.
- Obtain any emergency medical, surgery or dental treatment deemed necessary by medical authorities.
- Transport my child to a local emergency shelter in the event of an emergency evacuation of the center.

I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. I hereby release, forever discharge, and hold harmless The Early Learning Center NJ, LLC, TELCNJ 1633, LLC and each of their owners, members, managers, officers, employees, and volunteers from any claim based on such treatment or other medical services, including any injuries cause by the emergency response operations.

Preferred Hospital to Transport your Child to:

Preference #1:

Preference #2:

Parent/Guardian Initials: _____

Parent/Guardian Signature: _____

Date: _____