

**HERITAGE CHILDREN'S ACADEMY**

1360 Sussex Turnpike  
Randolph, NJ 07869  
973-895-2277

Center Use Only

Application Received \_\_\_\_\_  
Classroom \_\_\_\_\_  
Fee Received \_\_\_\_\_

CONFIDENTIAL APPLICATION FOR ENROLLMENT

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Father's Address \_\_\_\_\_ Zip \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mother's Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

We are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Other children living at home: (may continue on reverse side):

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Can your child eat all foods? \_\_\_\_\_ Explain \_\_\_\_\_

Any allergies? \_\_\_\_\_ Handicaps? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Anything Special we should know about your child? \_\_\_\_\_

**Start Date** \_\_\_\_\_

Primary Parent Signature \_\_\_\_\_ Parent Interview Date \_\_\_\_\_