

Shine Day Care Center LLC
2404 Bergenline Ave
Union City, NJ 07087
Tel: 201-348-1500

APPLICATION FOR CHILD'S ENROLLMENT

CENTER		Date of Enrollment:
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C H I L D	Name of Child	
	Date of Birth	
	Home Address	

P A R E N T	MOTHER		FATHER	
	Name		Name	
	Home Phone	()	Home Phone	()
	Home Address		Home Address	

W O R K	MOTHER WORK		FATHER WORK	
	Name of Business		Name of Business	
	Business Phone	()	Business Phone	()
	Business Address		Business Address	

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child:				
E M E R G E N C Y	Name of Contact #1		Name of Contact #2	
	Phone	()	Phone	()
	Relationship		Relationship	
	Address		Address	

D I R E C T O R	Child's Doctor	
	Telephone	()
	Address	

C U S T O D I A N	Name of person PROHIBITED from picking up the child: _____ If a non-custodial parent is <u>not</u> included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.

E M E R G E N C Y	I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.
	Parent's signature: _____ Date: _____

W A L K I N G	___ I give my permission for my child to participate in walking trips within the center's neighborhood.
	___ I do not give my permission for my child to participate in walking trips within the center's neighborhood
	Parent's signature: _____ Date: _____

P A R E N T S	I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:	
	1. Information to Parents Document	_____ Yes _____ No
	2. Policy on the Release of Children	_____ Yes _____ No
	3. Philosophy of Discipline	_____ Yes _____ No
	4. Policy on the Management of Illnesses/Communicable Diseases	_____ Yes _____ No
	Parent's signature _____	Date _____



Shine Day Care Afterschool Program

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

Child's Name: _____

Date of Birth: _____ Grade in September _____

Is your child under any medical/physical restrictions? _____ Yes _____ No

If yes, check all that apply:

_____ Asthma _____ Hearing Loss _____ Diabetes _____ Convulsions

_____ Other: _____

Is your child taking any medication? _____ Yes _____ No

If yes, please list:

Has your child been under a doctor's care or hospitalized within the last three years? _____ Yes _____ No

If yes, please explain:

Is your child allergic to any medications/foods/insect stings? _____ Yes _____ No

If yes, please list:

Family Doctor's Name: _____

Telephone Number: (_____) _____

Address: _____

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, and may participate in all of the activities of the Center's program, except as noted above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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**BLANKET PERMISSSION FOR WALKING FROM THE SCHOOL
TO THE DAY CARE CENTER ALONE.**

I hereby give permission to my child (name) _____ to walk by
her/himself from the school to the center _____ Monday
through Friday.

Please add any further information bellow:

Parent/Guardian Name

Parent/Guardian signature

Date



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PARENTAL AUTHORIZATION FOR MY CHILD TO GO HOME FROM DAY CARE

I, the undersigned

Mrs., _____
and/or
Mr., _____

Capacity (Parents or legal Guardian)
Having full and complete custody of

Name of child _____

Date of Birth (month/day/year), _____

Residing at (address), _____

I (we) state that we are the parent (s)-guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize Shine Day Care director and Shine Day Care Staff to allow my child listed above to leave the Day Care Center alone without the company of any authorized person.

Note:

I (we) state that we are the parent (s)-guardian (s) having legal custody of the above child and hereby release Shine Day Care Center LLC and all of its official representatives and/or staff members from any and all liability in case of an accident or injury involving my child when he/she leaves the Day Care Premises.

Parent/guardian name: _____ Parent/guardian signature: _____

Date: _____

Parent/guardian name: _____ Parent/guardian signature: _____

Date: _____