

Roxbury Day Care Center, Inc.
Before and After School Program/Summer Camp Program
91 Main Street Succasunna, NJ 07876 Phone: (973)584-9671 Fax: (973)584-1997

Confidential Application/Emergency Form for Enrollment

Date of Application: _____

Child's Name _____ Sex _____ Birth date _____

Child's Address _____ Zip _____ Home Phone Number _____

Mother's Information:

Name _____

Address _____

Employer _____

Work Phone _____

Cell/Beeper _____

Father's Information:

Name _____

Address _____

Employer _____

Work Phone _____

Cell/Beeper _____

Parents are: Married _____ Divorced _____ Single _____ Separated _____ Widowed _____

Siblings enrolled in RDCC Summer Camp? Yes _____ No _____ * Please check here if sibling attends RDCC Pre-school _____

Siblings enrolled in RDCC BASP? Yes _____ No _____

Grade child will be in September _____ School child will be attending _____

If a non-custodial parent is not authorized to pick up the child, please explain below and attach a copy of appropriate documents (court order).

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

Name _____

Relationship _____

Address _____

Phone _____

Name _____

Relationship _____

Address _____

Phone _____

The following persons may pick up my child:

Age if under 21

Relationship

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the Center, and to leave the Center's premises under supervision of staff members for neighborhood walks or for field trips in an authorized vehicle. I hereby grant permission to have my child photographed while in attendance at the Center, and to have the Center use the photographs.

By my signature, I attest that the above information is correct.

Parent Signature _____ Date _____

***Please fill in the following section regarding family income if applying for a scholarship space.**

Family Income Before Taxes is: (Please indicate is weekly, bi-weekly, semi-monthly, other)

Mother \$ _____ every _____ Father \$ _____ every _____

We receive: Welfare \$ _____ Child Support \$ _____ every _____ Other \$ _____