

ROXBURY DAY CARE CENTER, INC.
25 Righter Road
Succasunna, N. J. 07876
973-584-3030
FAX: 973-252-8299

Center Use Only
Application Rec. _____
Enrolled _____
Parent Interview _____

CONFIDENTIAL APPLICATION FOR ENROLLMENT

Child's Name _____ Sex _____ Birthdate _____

Child's Address _____ Zip _____

Mother's Name _____ Father's Name _____

Mother's Address _____ Father's Address _____

Mother's Home Phone _____ Father's Home Phone _____

Mother's Employer Name _____ Father's Employer Name _____

Mother's Employer Address _____ Father's Employer Address _____

Mother's Employer Phone _____ Father's Employer Phone _____

Mother's Cell & Email _____ Father's Cell & Email _____

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

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

Name _____ Sex _____ Birthdate _____

Name _____ Sex _____ Birthdate _____

Languages spoken in the home: _____ (provide a translator?) Will be made available if needed

Family income before taxes is: (Please indicate if pay is by week, bi-weekly, monthly, other)

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

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

Child's Doctor _____ Phone _____

Doctor's Address _____

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

Name _____	Name _____
Relationship _____	Relationship _____
to child _____	to child _____
Home _____	Home _____
Phone _____	Phone _____
Business _____	Business _____
Phone _____	Phone _____

Additional People authorized to pick up the child:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Can your child eat all food? _____ If not Explain _____

Any allergies? _____ Handicaps? _____

Is your child Toilet trained or beginning to train? _____ What nicknames do you call your child?
_____ When does your child usually sleep and for how long? _____

Has your child ever been in a child care setting before? If yes, please explain their previous experience?

Would you be interested in having a home visit completed? Yes _____ No _____

Anything special we should know about your child? _____

By my signature, I attest to the following:

- That the above information is correct.
- That in the event of a medical emergency, I authorize Roxbury Day Care Center, Inc. to seek emergency medical care for my child as deemed necessary by Staff.
- That I have received the Information to Parents document.

Parent Signature _____ Date _____