



Cassville Nursery

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APPLICATION FOR CHILD'S ENROLLMENT

Name of Child _____ Today's Date _____ Date of Birth _____
 Home Address _____
 Primary Phone: _____ Email Address: _____

PARENT 1		PARENT 2	
Name		Name	
Home Address	___ Same as child	Home Address	___ Same as child
Bus. Name		Bus. Name	
Bus. Address		Bus. Address	
Bus. Phone ()		Bus. Phone ()	
Cell Phone ()		Cell Phone ()	

EMERGENCY			
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. Please list a minimum of 2 contacts in addition to 2 parents. < h=home / w=work / c=cell >			
Name		Name	
Relationship		Relationship	
Phone < h / w / c >	()	Phone < h / w / c >	()
Phone < h / w / c >	()	Phone < h / w / c >	()
Address		Address	
Name		Name	
Relationship		Relationship	
Phone < h / w / c >	()	Phone < h / w / c >	()
Phone < h / w / c >	()	Phone < h / w / c >	()
Address		Address	

CUSTODY	
Name of person PROHIBITED from picking up your child: _____. If a non-custodial parent is not 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.	

POLICIES

I (we) attest 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. Policy on Discipline | _____ | Yes | _____ | No |
| 4. Policy on the Expulsion of Children from Enrollment | _____ | Yes | _____ | No |
| 5. Policy on the Management of Illnesses/Communicable Diseases | _____ | Yes | _____ | No |

CHILD'S HEALTH CARE PROVIDER

Child's Doctor	Address
Phone ()	

CHILD'S HEALTH INSURANCE

Name of insurance plan	Group#
Subscriber's name on insurance card	ID#

CHILD'S MEDICAL INFORMATION

Medical conditions	
Allergies	
Medicine(s) Child is Taking	
Medicine(s) Child is Allergic to	
Any other medical information for emergency situations	

List preference for transport arrangement in an emergency situation (Parents/guardians are responsible for all emergency transportation charges):

Hospital preference: 1st Choice _____ 2nd Choice _____

Parent/Guardian Consent and Agreement for Emergencies:

I (we) state that we are the parent(s)/guardian(s) having legal custody of _____ and attest that the information above is correct. I give consent to have my child receive first aid by the child care staff, and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I authorize the child care center director or director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon. I agree to review and update this information whenever a change occurs and at least every 6 months.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted.
3. We will attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's health care provider, we will do any or all of the following.
 - (a) Call for emergency first aid assistance/transportation.
 - (b) Call another health care provider.
 - (c) Have the child transported to an emergency hospital in the company of a staff member.

Parent/Guardian Signature _____ Date _____