



Cassville Nursery

15 Cassville Rd ▪ Jackson, NJ 08527

Tel: (732) 276-7244 ▪ Fax: (732) 928-1175

CHILD'S INFORMATION			
Child's first name	Child's middle name	Child's last name	Child's nickname
Date of Birth	Language Spoken at Home		
Child's Home Address			
Please list family members and pets your child lives with, including names and ages of siblings			

Parent/Guardian Information

Parent/Guardian #1

Parent/Guardian#2

	Parent/Guardian #1	Parent/Guardian#2
Name		
Relationship to child		
Home Address	<input type="checkbox"/> same as child	<input type="checkbox"/> same as child
Cell Phone		
Home Phone		
Employer		
Occupation		
Employer Address		
Employer Phone		
Email Address		

Marital Status: Married Divorced Separated Widowed Not Married

PERSONS **NOT AUTHORIZED** TO VISIT OR PICK UP CHILD: _____ Relationship to child: _____

A copy of a court order restricting visitation/pickup by a parent is required.

School(s)/Childcare center(s) previously attended: _____

How did you learn about Cassville Nursery? _____

EMERGENCY CONTACTS

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.

Contact Name #1		Contact Name #2		Contact Name #3	
Relationship		Relationship		Relationship	
Cell Phone		Cell Phone		Cell Phone	
Home Phone		Home Phone		Home Phone	
Employer Phone		Employer Phone		Employer Phone	

RECEIPT OF POLICIES

I attest that I have received following information for my home records:

- | | | | | | |
|--------------------------------------|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Parent Handbook | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Positive Discipline Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Information to Parents Document | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Expulsion Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Policy on the Release of Children | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Policy on the Management of Communicable Diseases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PERMISSIONS

I give permission for my child to be *PHOTOGRAPHED* during normal daycare hours and understand that photographs may Yes No be used in promoting child care services, either in print or on the Internet

I give permission to apply a sunscreen product that I provide when my child is playing outside, Yes No

Child's Medical Information

Primary physician name	Address	Phone
Name of Insurance Plan	Policy Number	
Medical Conditions		
Allergies		
Medicine(s) child is taking		
Any other medical information for emergency situations		

HEALTH STATEMENT

As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children of Special Health Needs.

Parent/Guardian Initials: _____

EMERGENCY TREATMENT

As the parent/guardian of the above named child, I attest that the information above is correct. I authorize the child care center staff to obtain emergency treatment for my child and understand that I shall be promptly notified.

Parent/Guardian Initials: _____

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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