



Child Enrollment Application

FOR: ZADIE'S NURTURING DEN ZADIE'S HOUSE

Date ____/____/____

Child's Name _____ Name Child is to be Called _____

Child's Age _____ Birthdate ____/____/____ Gender of Child: Male Female Child's SSN# _____

Mailing Address _____ City _____ State _____ Zip _____

Street Address, If different _____ Zip _____ Home Email Address _____

Child's Parents Are: Married Divorced Separated Custodial Parent (For special living arrangements please attach documentation)

Home Phone (_____) _____ Person Responsible for Payment _____

Mother's Name _____	Father's Name _____
SSN# _____	SSN# _____
Driver's License: State (____) No.: _____	Driver's License: State (____) No.: _____
Place Of Employment _____	Place Of Employment _____
Address of Employer _____	Address of Employer _____
Work Hours _____	Work Hours _____
Work Phone _____	Work Phone _____
Work Email _____	Work Email _____

Name of Child's Physician _____ Physician's Phone Number (_____) _____

Address of Physician _____

Name and Phone Number of at least Two Other Persons to Contact if Parents Cannot be Reached:

Name _____ Phone (_____) _____
 Name _____ Phone (_____) _____

Persons Who May Pick Up Your Child Other than Parents (include step-parents, grandparents, or others) without prior notice:

Name _____ Relationship _____ Phone (_____) _____
 Name _____ Relationship _____ Phone (_____) _____

Names and Ages of Siblings _____

List Any Allergies _____

Foods that Your Child May Not Have _____

Special Needs of Your Child _____

Name of School Previously Attended _____

EMERGENCY CONTACT INFORMATION

Parent #1 Name _____ Parent #2 Name _____

Parent #1 Cell Phone (_____) _____ Parent #2 Cell Phone (_____) _____

What Time of Day May We Expect Your Child to Arrive and to Depart? *This is very important in planning for adequate staff to care for your child.*

Monday _____:_____ - _____:_____ Wednesday _____:_____ - _____:_____ Friday _____:_____ - _____:_____

Tuesday _____:_____ - _____:_____ Thursday _____:_____ - _____:_____

In case of emergency, I give my permission for my child _____ to be taken to Overlook Hospital or the nearest hospital for treatment.

Parent's Signature _____

My child _____ has my permission to participate in field trips sponsored by Zadie's Nurturing Den. It is also understood that individual permission slips will be signed for each trip. Initials _____

I hereby give permission and authorization to Zadie's Nurturing Den to use still photographs and video tapes in which my child _____ may appear for purposes of publicity and overall management. Initials _____

Tylenol/Motrin may be administered to my child at the discretion of the Director or Executive Director in the event, we, the parents, are unable to be reached. Initials _____

We at Zadie's Nurturing Den DO NOT ALLOW CORPORAL PUNISHMENT under any circumstances. CORPORAL PUNISHMENT INCLUDES NOT ONLY SPANKING, BUT ALSO SLAPPING, BITING, PINCHING, OR JERKING. NONE OF THESE BEHAVIORS ARE ALLOWED ON ZADIE'S NURTURING DEN PREMISES AT ANYTIME OR BY ANYONE. Initials _____

POLICY AGREEMENT: *In applying to reserve child care services for my child, I agree to abide by the Policies of Zadie's Nurturing Den as set forth in the Parent Handbook. In the event that I should desire to withdraw my child from the Zadie's Nurturing Den program, I agree to give written notice to the Director or Executive Director two weeks in advance of the last day of my child's attendance at Zadie's Nurturing Den or one month's written notice at Zadie's House. I understand that my security deposit will be applied to my last 2 weeks at Zadie's Nurturing Den or my last month at Zadie's House.*

Date ____/____/____ Desired Entry Date ____/____/____

Parent's Signature _____

Parent's Signature _____

Date ____/____/____ Enrollment Date ____/____/____

Zadie's Nurturing Den does not discriminate on the basis of race, creed, color, gender or National origin.