



PATERSON DAY CARE 100
CHILD DEVELOPMENT CENTER
P O BOX 2846
PATERSON, NJ 07509
TEL: (973) 278-5200
FAX: (973) 278-5055

Student ID# _____

Data Control-Enrollment Application

Student Name _____
 (Nombre del estudiante)

Date of Application _____
 (fecha de aplicacion)

Address _____
 (direccion)

Date of Birth ____/____/____
 (fecha de nacimiento)

City/State/Zip _____
 (Ciudad/Estado/Codigo)

AGE: _____
 (edad)

School: _____

Teacher: _____

School Telephone: _____

Work: _____

I, _____, who resides at _____
 (Parents/guardians name) (nombre del padre/guardian) (Address) (direccion)

_____: Acknowledge that when signing this form I should be counseled regarding the following program policies: (1) **Communicable and Reportable Disease**; (2) **Emergency Dismissal**; (3) **Emergency Medical Treatment**; (4) **Medication**; (5) **Parent Involvement**; (6) **Transportation**; (7) **Volunteering**. I also acknowledge receiving the "Information to Parents" statement.

Medication Administration:

Paterson Day Care 100 does not administer any medication to students. If I desire, I may personally visit or designate a person to administer medication to my child. Paterson Day Care 100 will not in anyway be held responsible for he timeliness, effect and/or results of administration of any such medication. _____ (initial) (iniciales del padre/guardian)

Emergency Medical Treatment:

I give my permission for my child to be admitted to hospital, if necessary. Although all reasonable safety precautions will be taken, it is understood that Paterson Day Care 100 will not be liable. Also, every effort will be made to contact me or other legal guardians immediately. _____ (initial) (iniciales del padre/guardian)

Home Telephone: 1. _____
 (telefono de la casa)

2. _____

Work Telephone: 1. _____
 numero de trabajo

2. _____

E- mail address : _____
 (correo electronico)

Cell# _____

**EMERGENCY CONTACT NUMBERS and/or PERSON(S) AUTHORIZED TO PICK-UP CHILD:
(numerous de contacto de emergencia Y/O personas(s) autorizadas a recoger a su nino(a))**

******* AT LEAST TWO EMERGENCY CONTACT NUMBERS ARE REQUIRED*****
****SE REQUIERE DOS NUMEROS DE EMERGENCIA******

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____