



PATERSON DAYCARE 100
CHILD DEVELOPMENT CENTER
PO BOX 2846
PATERSON, NJ 07509
TEL: (973) 278-5200
FAX: (973) 278-5055

Student ID# _____

Data Control-Enrollment Application

Student Name _____ **Date of Application** _____
 (Nombre del estudiante) (fecha de aplicacion)

Address _____ **Date of Birth** ____/____/____
 (direccion) (fecha de nacimiento)

City/State/Zip _____ **AGE:** _____
 (Ciudad/Estado/Codigo) (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 any way be held responsible for the 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. _____ **2.** _____
 (telefono de la casa)_

Work Telephone: 1. _____ **2.** _____
 (numero de trabajo)

E-mail Address: 1. _____ **Cell#** _____
 (correo electronico)

**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: _____

