

Office Use Only

REG PD CASH/PROCARE/CHECK #: _____ PICK-UP CARDS: _____

The Children's Country Place
3080 South Route 9, Seaville, NJ 08230
Phone: (609) 624-8624 Fax: (609) 624-3624
www.childrensplacecmc.com



CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

Mother's Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

E-mail address: _____

Father's Name: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Place of Employment: _____ Work Phone: _____

E-mail address: _____

Emergency Contact Person (other than parents) _____

Relationship: _____ Contact number: _____

Names of people who will have pick-up cards: _____

Any Parent Restrictions? YES _____ (if yes, please attach documentation) NO _____

Does your child have any Special Needs / Allergies /Concerns? _____

Dr.'s Name / Number: _____

What are your child's sleeping/napping habits? _____

Are You Aware of our Sick Policy? YES _____ NO _____

Who will care for your child when they are sick? _____

What are your child's bathroom needs? _____

How does your child communicate bathroom, thirst, or hunger needs? _____

I give my permission to take photos to post to the website, use for news articles, and to share with school families via Snapfish/Shutterfly album links. YES _____ NO _____

Past Preschool Experience: _____

How did you hear about our School? _____

Type of Program desired: (check those which apply) YEAR-ROUND SUMMER WINTER

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Hours of Care: Half Day 8:00am – 12:00pm Full Day 8:00am – 3:00pm

The above information is completed to the best of my knowledge. I will take full responsibility for informing the school of any changes and for any and all payments due for my child/children. I understand that two weeks notice is required for any changes. A late fee of \$35 will be charged if tuition is not received within one week of the due date, and no refunds will be issued for days missed.

Parent Signature

Date

Start Date