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: _____ **Home Phone:** _____
Address: _____ **Cell Phone:** _____
City: _____ **State:** _____ **Zip:** _____
Place of Employment: _____ **Work Phone:** _____
E-mail address: _____

Father's Name: _____ **Home Phone:** _____
Address: _____ **Cell Phone:** _____
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:_____
_____
SPECIAL NEEDS/CONCERNS _____
_____
Any Parent Restrictions? YES_____ (if yes, please attach documentation)   **NO**_____
Does your child have any Special Needs / Allergies _____
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, post to the website, and use for news articles. YES_____   **NO**_____
Past Pre-School Experience:_____
How did you hear about our School?_____

Type of Program desired: (circle 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**

9/2025