



223 14th Street • Palisades Park, NJ 07650

www.LesEnfantsChildCare.com

Phone: (201) 592-6695 • Fax: (201) 302-9729

Start Date	
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APPLICATION FOR ADMISSION

(Please Print)

Child	Name of Child		Prior School	
	Home Address		Apt #	
	City, State, Zip		Languages Spoken	
	Date of Birth	Sex	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> rest 1:00 - 1:30 <input type="checkbox"/> nap 1:00 - 3:00	
	Email Address	mom's:	dad's:	

Parent	Mother's Name		Father's Name	
	Home Address		Home Address	
	Home Telephone ()		Home Telephone ()	
	Cellular Number ()		Cellular Number ()	

Work Info	MOTHER'S WORK		FATHER'S WORK	
	Name of Business		Name of Business	
	Business Address		Business Address	
	Business Telephone () Ext.		Business Telephone () Ext.	

Emergency	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child:			
	Name of Contact #1		Name of Contact #2	
	Address		Address	
	Relation to Child		Relation to Child	
	Telephone ()		Telephone ()	

Doctor	Child's Doctor		Child's Dentist	
	Telephone ()		Telephone ()	
	Address		Last Visit	

OVER →

Custody

Name of person UNAUTHORIZED to pick-up the child: _____
If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court orders.

Emergency Care

_____ I authorize the staff of Les Enfants to administer first aid treatment in case of a minor injury.
_____ I have completed the parental authorization for emergency treatment form which authorizes Les Enfants to seek emergency medical care for my child as deemed necessary.
Parent's Signature: _____ Date: _____

Permission

_____ I grant permission for my child to use all indoor and outdoor play equipment in the Les Enfants program and participate in all school activities, including supervised neighborhood walks and field trips. I also grant permission for the staff to apply sunscreen as needed.
_____ I authorize the staff of Les Enfants to diaper and/or help my child with toileting. This includes cleaning of the genital area and application of ointment when needed.
_____ I authorize the staff of Les Enfants to administer acetaminophen (i.e. Tylenol) in the event of fever or teething pain.
Parent's Signature: _____ Date: _____

Care

Does the child have any special health care needs such as allergies, medications, etc? _____
Is the child under the care of any other physicians, specialty health care professionals or therapists?
Is there anything we should know about the child in order to provide better care for him/her?

Policies

I attest that all the information on this application is accurate, and that I have received the "ABC'S of Les Enfants" containing the following information for my home records:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Information to Parents Document | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Policy on the Release of Children | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Positive Guidance & Discipline Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Policy on Communicable Disease Management | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Expulsion Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Social Media Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Policy on Methods of Parental Notification | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Policy on Use of Technology/Screen Time | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Emergency and Extended Closure Policies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent's Signature: _____ Date: _____