

223 14th Street • Palisades Park, NJ 07650

www.LesEnfantsChildCare.com

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

Start Date	4	APPLICATION FOR ADMISSION (Please Print)					
Chille	Name of Child				Prior School		
	Home Address				Apt#		
	City, Sate, Zip				Languages Spoken		
	Date of Birth	Sex	☐ female ☐ male	□ rest 1:	00 - 1:30	□ nap 1	:00 - 3:00
	Email Address	mom's:		dad's:			
	Mother's Name		Father's	Father's Name			
ent	Home Address		Home Ado	Home Address			
Parent	Home Telephone	()	Home Tele	Home Telephone			
	Cellular Number	()	Cellular N	Cellular Number			
Work Info	MOTHER'S WORK FATHER'S WORK						
	Name of Business		Name of E				a Literatura (1879).
	Business Address		WC 180000 A	Business Address			
	Business Telephone	() Ext.	Business	Business Telephone			Ext.
o more Verso	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:						
Emergency	Name of Contact #1		Name of C	Name of Contact #2		•	
	Address		Address				
	Relation to Child		Relation t	o Child			
	Telephone	()	Telephone	•	()		
Doctor	Child's Doctor		Child's De	entist			
	Telephone	()	Telephon		()		
	Address		Last Visit				

Chile	Child Name								
Custody	Name of person UNAUTHORIZED to pick-up the child: It 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 I have completed the parental authorization for emer Enfants to seek emergency medical care for my child as de Parent's Signature:	gency treatment form which authorizes Les eemed necessary.							
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:								
	Does the child have any special health care needs such as	allergies, medicatio	ons, etc?						
Care	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?								
	I attest that all the information on this application is accu "ABC'S of Les Enfants" containing the following informat	-							
Policies	 Information to Parents Document Policy on the Release of Children Positive Guidance & Discipline Policy Policy on Communicable Disease Management Expulsion Policy Social Media Policy Policy on Methods of Parental Notification Policy on Use of Technology/Screen Time Emergency and Extended Closure Policies 	☐ Yes	□ No						
	Parent's Signature:	Dat	te:						