

RETURN APPLICATION TO:

11 Park Lake Rd.
Sparta, NJ 07871
Ph. 973-383-2213
Fax 973-383-5915

FOR OFFICE USE ONLY							
Infant	M	T	W	TH	F	FULL	HALF
TOD	M	T	W	TH	F	FULL	HALF



L'IL KEEPERS REGISTRATION FORM

DATE OF APPLICATION _____ DATE OF BIRTH _____ START DATE _____

CHILD'S NAME _____ SEX ___ M ___ F

ADDRESS _____ TOWN _____ ZIP _____ PHONE _____

MOTHER'S INFORMATION:

NAME _____ HOME PHONE _____

HOME ADDRESS _____ S.S.# _____

NAME OF EMPLOYER _____ CELL PHONE _____

BUSINESS ADDRESS _____ PHONE _____

WORK E-MAIL _____ D.L.# _____

FATHER'S INFORMATION:

NAME _____ HOME PHONE _____

HOME ADDRESS _____ S.S.# _____

NAME OF EMPLOYER _____ CELL PHONE _____

BUSINESS ADDRESS _____ PHONE _____

WORK E-MAIL _____ D.L.# _____

PERSONS AUTHORIZED TO PICK CHILD UP IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

1) _____ PHONE _____ RELATIONSHIP _____

ADDRESS _____

2) _____ PHONE _____ RELATIONSHIP _____

ADDRESS _____

CHILD'S DOCTOR _____

ADDRESS _____ PHONE _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain on a separate sheet and attach a copy of appropriate documents. (Court order)

MEDICAL RELEASE

In the event that a medical emergency occurs, I authorize K.E.E.P., Inc. and it's affiliate staff to seek emergency care for my child as deemed necessary by the director.

SIGNATURE DATE

PHOTO RELEASE

All pictures taken at L'il Keepers of activities, groups, etc. may be used in promotion of K.E.E.P., Inc.

I understand that if I wish my child to be given medication while attending the center I must complete and sign a "Request To Administer Medication" form and comply with all regulations described in this form.

SIGNATURE DATE

I hereby give permission for my child to participate in supervised walks on and around the center's property.

SIGNATURE DATE

PLEASE READ THE FOLLOWING STATEMENT BEFORE PLACING SIGNATURE BELOW:

I have received, read, understand, agree to and accept all of the terms under which I have enrolled in Li'l Keepers, including but not limited to the following:

- a. K.E.E.P. Handbook
- b. L'il Keepers Handbook
- c. Emergency Medical Care
- d. Information to Parents statement & Policy on Release of Children
- e. Policy on Management of Communicable Diseases
- f. K.E.E.P. Expulsion Policy
- g. Photo release as indicated. (You may cross out and initial this if you have objection to your child's photo being used.)

and all other provisions of this program as set forth by K.E.E.P., Inc. I have the right to cancel this contract within 72 hours of the date it is signed, providing the program has not been utilized.

SIGNATURE OF PARENT/GUARDIAN DATE

GENERAL INFORMATION

Names and ages of brothers and sisters _____

What are your child's principal interests? _____

Names and types of pets _____

Does your child have any handicaps? _____

Is your child toilet trained? _____

Does your child have any allergies? _____ If so, specify _____

Has your child ever attended Pre-School, Child Care or play groups? Where? _____