FANTAZJA PRZEDSZKOLE DAYCARE

Application

Child name_____

Address _____
Street City Zip

Home Phone/Cell Phone/Pager
_____

Birthdate _____ Birthplace _____

Father or Guardian's Name _____

Telephone number at work _____

Email Address _____

Mother or Guardian's Name_____

Telephone number at work _____

Email Address _____

Child lives with: (Check one) Both parents _____ Mother _____ Father _____

List the name and birthdate of all children living in your home:
_____

_____

Family Doctor _____ Telephone_____

Address _____

In the event I cannot be reached, please call (these individuals are also authorized to pick-up my child):

Name Relation to the Child Address
Phone

1._____

2._____

List any serious allergies (such as insect bites, food allergies, etc.)
_____

List any disabilities or special needs _____

Has the child ever attended any other day-care (if yes which one)_____

Day the child will attend: Mon Tue Wed Thu Fri
(Please circle)

958 Pennsylvania Ave Trenton NJ 08536
Tel: 609 -393-1814

Permission to Photograph and use Social Media

(pozwolenie na robienie zdjeć)

I, _____

(parent's or guardian's name)

give permission for. **Fantazja llc**

to photograph also to use my child on Fantazja LLC social Media pages

_____

(child's name)

Parent Signature	Date

DAY CARE CENTER INFORMATION PACKET

This is to acknowledge that a staff member has provided me with an information packet and discussed it's contents.

_____

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Dear Parent:

In keeping with the New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: you right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licenses and to comply with licensing standards" and the obligation of all citizens to suspected child abuse/neglect/exploitation to the state child abuse hotline 1 (877) NJ ABUSE.

Sincerely,

Director of Fantazja Przedszkole

Name of the Child:_____

Name of the Parent(s):_____

I have read and received a copy of the information to Parents statement prepared by the office of licensing, Child care & youth Residential Licensing, in the Department of Children and Families.

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Field Trip Authorization (pozwolenie na wycieczki)

I,_____
(parent's name)

grant permission for **Fantazja Llc**

to transport my Child_____
(child's name)

for the following events:

Local park, Local business, Local farm, amusement park

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above events.

Signed:

_____
(parent signature, and date)

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