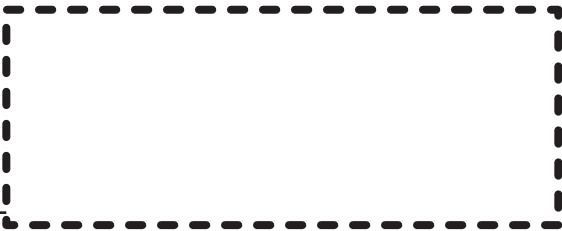




# STUDENT REGISTRATION FORM

16 BELLEVUE AVENUE BLOOMFIELD, NEW JERSEY 07003 (973) 338.0264



Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

<b>MOTHER:</b> _____	<b>FATHER:</b> _____
Email: _____	Email: _____
Mobile: _____	Mobile: _____
Employer Name: _____	Employer Name: _____
Address: _____	Address: _____
Work Phone: _____	Work Phone: _____

**EMERGENCY CONTACT and AUTHORIZED PICK UP, in addition to parent(s):**

1. Name: \_\_\_\_\_ relationship: \_\_\_\_\_ mobile: \_\_\_\_\_ home phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ relationship: \_\_\_\_\_ mobile: \_\_\_\_\_ home phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ relationship: \_\_\_\_\_ mobile: \_\_\_\_\_ home phone: \_\_\_\_\_

**CUSTODY** Name of person PROHIBITED from picking up your child: \_\_\_\_\_

If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.

**OUT OF STATE EMERGENCY CONTACT: (IN CASE OF MASS DISASTER AND EVACUATION)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mobile: \_\_\_\_\_ City/ State: \_\_\_\_\_

**PERMISSIONS**

I give permission for my child to be **PHOTOGRAPHED** during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

I **DO NOT** give permission for my child to be **PHOTOGRAPHED** during normal daycare hours, field trips, or activities and understand that photographs may be used in promoting child care services, either in print or on the Internet.

**HEALTH STATEMENT**

As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special Health Needs.

Parent/Guardian Initials:

**EMERGENCY TREATMENT**

As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.

Parent/Guardian Initials:

Date of application: \_\_\_\_\_ Date admission requested: \_\_\_\_\_

Term: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Days and Hours:**

	M	T	W	TH	F
MORNING					
AFTERNOON					

Arrival Time: \_\_\_\_\_

Departure Time: \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Health Care Provider:	
Health Care Provider Phone:	
Health Care Provider Address:	
Name of Insurance Company/Hmo:	
Group #:	
Identification #:	
Subscriber's Name On Insurance Card:	
Known Allergies (including medication):	
Medication My Child Is Taking:	
List Special Conditions: Disabilities, Medical/Physical Restrictions, Food Restrictions, Medical Information For Emergency Situations:	

Has your child ever been in a child care arrangement? \_\_\_\_\_ How long? \_\_\_\_\_  
Please tell us about your child (special needs, routine, comfort objects, likes, dislikes, fears, etc. \_\_\_\_\_

**DEVELOPMENTAL HISTORY:** Tell us a little more about your child before school begins.

**SOCIAL RELATIONSHIPS:** Favorite toys and activities at home \_\_\_\_\_

Does your child enjoy: Books \_\_\_\_\_ Music \_\_\_\_\_ Art \_\_\_\_\_ Movement \_\_\_\_\_

Which hand do you think is dominant for your child at this time? \_\_\_\_\_ L \_\_\_\_\_ R

Does your child have experiences with: Scissors \_\_\_\_\_ Blocks \_\_\_\_\_ Computers \_\_\_\_\_ Finger-painting \_\_\_\_\_

Does your child have experiences in playing with other children? \_\_\_\_\_

Do you consider your child: Friendly \_\_\_\_\_ Aggressive \_\_\_\_\_ Shy \_\_\_\_\_

Does your child know any other children in the school? \_\_\_\_\_

Is this your child's first school experience? \_\_\_\_\_

Do you think your child will separate easily? \_\_\_\_\_

How does your child respond to conflict? \_\_\_\_\_

What do you think is the best way of handling your child? \_\_\_\_\_

**PERSONAL HISTORY**

Type of birth: Normal \_\_\_\_\_ Premature \_\_\_\_\_

Any complications? \_\_\_\_\_

Can your child be relied upon to indicate bathroom needs? \_\_\_\_\_

Does your child have any special words to describe toilet functions? \_\_\_\_\_

Does your child have any difficulties expressing his/her needs? \_\_\_\_\_

Does your child speak any other languages? \_\_\_\_\_

Language: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Describe your child briefly (personality, abilities, disposition and temperament). \_\_\_\_\_

**FAMILY STATUS:**

Parental Marital Status: \_\_\_\_\_ Custodial Parent: \_\_\_\_\_

Which parent is to be contacted in case of emergency? \_\_\_\_\_

Which parent is to be contacted with non-emergency questions? \_\_\_\_\_

Mother’s birthdate: \_\_\_/\_\_\_/\_\_\_ Father’s birthdate: \_\_\_/\_\_\_/\_\_\_ Date of Marriage: \_\_\_/\_\_\_/\_\_\_

Names and birthdates of siblings other than on application: \_\_\_\_\_

Total number of family living in the household: \_\_\_\_\_

Number of non-family members living in household: \_\_\_\_\_

Please explain: \_\_\_\_\_

Ethnic and religious background: \_\_\_\_\_

List pets in household and type of animal: \_\_\_\_\_

Reason for seeking placement at Looking Glass: \_\_\_\_\_

How did you become aware of Looking Glass Children’s Center: (please be specific): \_\_\_\_\_

Is there anything else we need to know ? \_\_\_\_\_

**CONSENT AND AUTHORIZATION:**

I consent to the enrollment of my child(ren), as listed on the application form, at Looking Glass Children’s Center (LGCC), and consent to have my child(ren) participate in all school activities including supervised walks away from school grounds.

I release LGCC and it’s employees from all responsibility in case of illness or injury of my child(ren) while in attendance at or in transit to or from school. I understand that every precaution is taken to ensure my child(ren)’s safety and well being.

I authorize the staff of LGCC to call an emergency ambulance or a doctor, or to transport my child(ren) in a staff vehicle in case of accident or acute illness, and allow possible emergency care to be administered if I cannot be reached.

In any health or injury issue, I understand that every effort shall be made until successful.

I consent to my child(ren) being photographed while engaged in school activities. I consent to these photographs being used for display and publicity. The same consent is given for videotapes.

I understand that LGCC provides opportunities for observation and participation by students of various local schools. I am aware that LGCC may also participate in research projects and studies, of which I will be informed.

I agree to pay all tuition, registration and any other fees as outlined in the brochure or otherwise agreed between LGCC and me.

I have received, read and understand the information contained in the registration materials entitled “A PEEK INSIDE THE LOOKING GLASS... Our Brochure of Information”.

I will cooperate in all matters concerning my child(ren)’s safety and well-being while at LGCC.

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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# LOOKING GLASS CHILDREN'S CENTER

16 BELLEVUE AVENUE BLOOMFIELD, NEW JERSEY 07003 (973) 338.0264

CHILD'S NAME: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

1. I have received a copy of the "**Looking Glass Parent Brochure/Handbook.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2. I have received a copy of the "**Information to Parents.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. I have received a copy of the "**Expulsion Policy.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. I have received a copy of the "**Technology and Social Media Policy.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

5. I have received a copy of the "**Communicable Diseases Policy.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

6. I have received a copy of the "**Payment Policy.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

7. I have received a copy of the "**Release Policy.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

8. I have received a copy of the "**Parental Notification Methods.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

9. I have received a copy of the "**Medication Administration in Child Care and Procedures Policy.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

10. I have received a copy of the "**COVID-19 GUIDELINES AND POLICY to facilitate the safety and well being of the children and staff.**" I have read it, understand it, and have no further questions regarding the policy. I agree to abide by the policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

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16 BELLEVUE AVENUE BLOOMFIELD, NEW JERSEY 07003 (973) 338.0264

Name Of Child:	Birthdate:	Enrollment Date:
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PARENT/GUARDIAN INFORMATION	<input type="checkbox"/> PARENT/GUARDIAN # 1		<input type="checkbox"/> PARENT/GUARDIAN # 2	
	Name:		Name:	
	Relationship:		Relationship:	
	Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:	
	Home Address:		Home Address :	
	Employer Name:		Employer Name:	
	Employer Phone:		Employer Phone:	
E-Mail Address:		E-Mail Address:		

EMERGENCY CONTACTS	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.					
	Contact Name #1:		Contact Name #2:		Contact Name #3:	
	Relationship:		Relationship:		Relationship:	
	Cell Phone:		Cell Phone:		Cell Phone:	
	Home Phone:		Home Phone:		Home Phone:	
	Employer Phone:		Employer Phone:		Employer Phone:	

CUSTODY	Name of person PROHIBITED from picking up your child:	
	If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order.	

MEDICAL INFORMATION	Child's Health Care Provider:	
	Health Care Provider Phone:	
	Health Care Provider Address:	
	Name Of Insurance Company/Hmo:	
	Group #:	
	Identification #:	
	Subscriber's Name On Insurance Card:	
	Known Allergies (including medication):	
	Medication My Child Is Taking:	
List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations:		

<b>AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT</b>	
As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified.	

Parent/Guardian Signature #1:	Date:	Parent/Guardian Signature #2:	Date:
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