

For Office Use Only:
 Start Date: _____
 HF/FPC/Other _____
 Caseworker: _____
 UCHR: _____
 Immunization: _____
 End Date: _____

THE CHERRY TREE CLUB PRESCHOOL APPLICATION

I. CHILD INFORMATION

Child's Name _____ Nickname _____

Date of Birth ____/____/____ Birthplace _____

Sex: (circle one) M F Social Security Number _____

Ethnicity: (circle one)

African-American Asian/Pacific Islander Caucasian Hispanic/Latino

Native American Other (specify) _____

Language(s) spoken at home: (circle one)

English Spanish Spanish/English Other (specify) _____

II. FAMILY INFORMATION

1. List the child's parents/ legal guardian(s):

<u>Name (First,Last)</u>	<u>Relationship to Child</u>
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2. Who is the child currently living with? (circle one)

Mother/Father Mother Father Other _____

3. Provide the following information for parents/legal guardian(s):

Name _____	Home # _____
Cell # _____	Work # _____
Street Address _____	City _____
State _____ Zip _____	Township _____
Employer Name _____	
Employer Address _____	

Name _____	Home # _____
Cell # _____	Work # _____
Street Address _____	City _____
State _____ Zip _____	Township _____
Employer Name _____	
Employer Address _____	

4. Type of Housing: (circle one)

Own home (house/condominium/townhouse)

Rent (house/apartment/room)

Share home with a friend/family member

FPC

Hotel/motel (indicate name) _____

Transitional Housing (indicate name) _____

Other _____

5. List all persons living in your household:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. AUTHORIZED PERSONS

I authorize the following persons to visit my child at The Cherry Tree Club; to take my child from The Cherry Tree Club program; to receive my child from the bus and assume responsibility for my child; and to assume responsibility for my child in the case an emergency.

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. SOCIAL SERVICES

1. Are you a HomeFront client? Y N

Name of program _____ Phone # _____

Case Manager's name _____

2. Are you a client of any other social services program? Y N

Name of program _____ Phone # _____

Case Manager's name _____

3. Are you a Child Care Connection client? Y N

What program are you in? (circle one) Work First New Jersey Cares for Kids

Case Manager's name _____ Phone number # _____

4. Do you have an open Department of Youth and Family Services case? Y N

Caseworker's name _____ Phone # _____

5. Have you or your child ever been homeless? Y N

How many times in the past 5 years? _____ Totaling what length of time? _____

V. MEDICAL PROVIDER INFORMATION

1. Child's Regular Healthcare Provider:

Physician's name _____

Group Name (if applicable): _____

Address _____

Phone # _____ Date of last visit _____

2. Is your child seeing any other physician/healthcare provider? Y N

If yes, for what reason? _____

Physician's Name _____ Phone # _____

Physician's address _____

3. Do you have health insurance? Y N

Provider Name _____ Policy # _____

VI. CHILD'S MEDICAL HISTORY

Medical Conditions _____

Allergies _____

Dietary restrictions _____

Medications _____

Is your child toilet trained? Y N

VII. ADDITIONAL CHILD INFORMATION

1. List all schools or daycare centers that the child has attended:

<u>School Attended:</u>	<u>Dates Attended:</u>
_____	_____
_____	_____

2. Has your child ever been classified by a child study team? Y N

If yes, for what reason was the child studied? _____

What was the classification? _____

What services were received as a result of the classification? _____

THE CHERRY TREE CLUB SIGNATURE PAGE

Under the provisions of New Jersey's child care center licensing requirements, the Cherry Tree Club is obliged to provide you with certain information about our program and to obtain your signature verifying that you received this information. Please read the following informational statements carefully and sign where appropriate.

Licensing Requirements: I understand that the Cherry Tree Club is required to be licensed and to comply with licensing standards; to allow parents the right to visit and observe the program at any time without having to secure prior permission; and obliged, as are all citizens, to report suspected child abuse/neglect/exploitation to the State's Division of Youth and Family Services (DYFS).

Signature, Parent/Legal Guardian

Date

Receipt of "Information to Parents" Document: I signify that I have received the Cherry Tree Club's "Information to Parents" document. (*included in "Parent Handbook"*)

Signature, Parent/Legal Guardian

Date

Receipt of The Cherry Tree Club "Parent Handbook": I signify that I have received the Cherry Tree Club's "Parent Handbook," which includes those policies and procedures which I will follow during my child's participation in the program.

Signature, Parent/Legal Guardian

Date

Blanket Permission for Walks: I give permission for my child to take walks in the neighborhood of the Cherry Tree Club, with the understanding that such walks involve no safety hazards or entrance into other facilities. I understand that permission for my child to attend special field trips will be handled on an individual, as needed, basis.

Signature, Parent/Legal Guardian

Date

Photography: I give permission for my child's picture to be taken and understand that his/her photograph may be utilized in publications/articles about the Cherry Tree Club.

Signature, Parent/Legal Guardian

Date

Expulsion Policy: I have read and understood the Cherry Tree Club's policy on expulsion and I agree to its provisions. (*included in "Parent Handbook"*)

Signature, Parent/ Legal Guardian

Date

THE CHERRY TREE CLUB MEDICAL PERMISSION AND RELEASE FORM

Under the provisions of New Jersey's child care center licensing requirements, the Cherry Tree Club is obliged to receive your consent for the administration of emergency medical care, if warranted. Please read the following informational statements carefully and sign **one option** only:

CONSENT:

I, _____, the parent/legal guardian of _____, **give permission** for the Cherry Tree Club to take whatever steps may be necessary to obtain emergency medical care in the event that my child becomes severely ill or has an accident while under the care of the Cherry Tree Club. These steps may include, but are not limited to, the following:

- attempt to contact a parent or guardian;
- attempt to contact the child's physician;
- attempt to contact an authorized person as listed on the child's program application;
- call another physician, an ambulance, and/or have the child taken to a hospital in the company of a staff member if the parent or child's physician cannot be contacted.

I understand that any expenses incurred in the pursuit of emergency medical care will be my responsibility. I know that it is my responsibility as well to keep all authorized emergency contact people and phone numbers up-to-date so that I, or my designee, may be contacted immediately in the case of an illness or accident.

Signature, Parent/Legal Guardian

Date

DENY:

I, _____, the parent/legal guardian of _____, hereby signify that my religious principles make it necessary for me to **deny** the above permission for emergency medical care. Regardless, I know that it is my responsibility to keep all authorized emergency contact people and phone numbers up-to-date so that I, or my designee, may be contacted immediately in the case of an illness or accident.

Signature, Parent/Legal Guardian

Date

THE CHERRY TREE CLUB FINANCIAL INFORMATION ADDENDUM

1. Please indicate the income level of your family household:

- 0 - \$12,000
- \$12,001 - \$25,000
- \$25,001 - \$40,000
- \$40,001 - \$70,000
- \$70,001 - \$100,000
- \$100,001+

2. Which of the following sources contributes to your total household income?

- Full-time Job
- Part-time Job
- Alimony/Spousal Support
- Child Support
- SSI
- TANF
- Veteran's Disability
- Worker's Compensation
- Other (Specify)_____

3. Check the box if you receive any of the following:

- Food Stamps/Food Money Card
- Medicaid
- TANF Child Care
- TANF Transportation
- Other TANF – Funded Services
- Public Housing
- Veteran's Pension
- SSDI

**SUBMIT
UP-TO-DATE
IMMUNIZATION
RECORD,
ALONG WITH
UCHR**

(UNIVERSAL CHILD HEALTH RECORD)