

**The Academy Child Care Center of ELCC
Re-Registration Application**

(July 2020)

Child's Name _____

Date of Birth _____ **Age by 10/31/20** _____

Address _____

Home # _____

Mother's Name _____

Address _____

Phone 1. _____ **2.** _____

Name & Address of Employer _____

Business Telephone _____

Father's Name _____

Address _____

Phone 1. _____ **2.** _____

Name & Address of Employer _____

Business Telephone _____

Please identify an authorized person to pick up/or contact in case of emergency if neither parent is available:

Name _____ **Relationship to Child** _____

Address _____

Phone 1. _____ **2.** _____

Name _____ **Relationship to Child** _____

Address _____

Phone 1. _____ **2.** _____

-PLEASE COMPLETE OTHER SIDE-

I give permission for my child to be photographed or videotaped for The Academy of ELCC use:
Yes No

I give permission for my child to participate in neighborhood walking trips around The Academy of ELCC:
Yes No

List allergies your child has:

Medications/Precautions:

Child's Doctor _____

Address _____

Telephone _____

If your child has had a physical and/or immunization since last year's enrollment and you have not submitted a copy, you must do so with this form.

Also, make note that the NJ State Health Department requires that children ages 6-59 months must receive an Influenza vaccine between Sept 1-Dec 31 of each year

By signing below, I give permission to The Academy of ELCC to seek medical care for my child as deemed necessary. I also agree to abide by all policies and procedures, submit all forms completed, to make all registration/book fees and tuition payments as scheduled, and understand that non-compliance by me, my representative or my child will result in the immediate dismissal of my son or daughter.

Signature

Date

Office Use Only:

Date Application received _____