



**itsy Bitsy  
Early Learning Center**

1275 15t St  
Fort Lee, NJ 07024  
Tel: 201-224-4052  
Fax: 201-224-9852

## APPLICATION FOR ADMISSION

[www.itsybitsyelc.com](http://www.itsybitsyelc.com)

(Please Print)

[itsybitsyearlylearningcenter@gmail.com](mailto:itsybitsyearlylearningcenter@gmail.com)

<b>Child</b>	<b>Name of Child</b>				<b>Start Date</b>	
	<b>Home Address</b>				<b>Apt #</b>	
	<b>City, State, Zip</b>					
	<b>Date of Birth</b>		<b>Sex</b>	<input type="checkbox"/> female <input type="checkbox"/> male	<b>Languages Spoken</b>	
	<b>Email Address</b>					

<b>Parent</b>	<b>PARENT NAME</b>		<b>PARENT NAME</b>	
	<b>Home Address</b>		<b>Home Address</b>	
	<b>Home Telephone</b>	( )	<b>Home Telephone</b>	( )
	<b>Cellular Number</b>	( )	<b>Cellular Number</b>	( )

<b>Work Info</b>	<b>PARENT'S WORK</b>		<b>PARENT'S WORK</b>	
	<b>Name of Business</b>		<b>Name of Business</b>	
	<b>Business Address</b>		<b>Business Address</b>	
	<b>Business Telephone</b>	( ) Ext.	<b>Business Telephone</b>	( ) Ext.

<b>Emergency</b>	<b>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. We MUST have 2 names in different households.</b>			
	<b>Name of Contact #1</b>		<b>Name of Contact #2</b>	
	<b>Address</b>		<b>Address</b>	
	<b>Relation to Child</b>		<b>Relation to Child</b>	
	<b>Telephone</b>	( )	<b>Telephone</b>	( )

<b>Doctor</b>	<b>Child's Doctor</b>	
	<b>Telephone</b>	( )
	<b>Address</b>	

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<b>Custody</b>	<p><b>Name of person UNAUTHORIZED to pick-up the child:</b> _____</p> <p>If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court orders.</p>
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<b>Emergency Care</b>	<p>_____ I authorize the staff of IBELC to administer first aid treatment in case of a minor injury.</p> <p>_____ I have completed the parental authorization for emergency treatment form which authorizes IBELC to seek emergency medical care for my child as deemed necessary.</p> <p>Parent's Signature: _____ Date: _____</p>
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<b>Permission</b>	<p>_____ I grant permission for my child to use all indoor play equipment in the IBELC program and participate in all school activities, including supervised neighborhood walks and field trips. I also grant permission for the staff to apply sunscreen as needed.</p> <p>_____ I authorize the staff of IBELC to diaper and/or help my child with toileting. This includes cleaning of the genital area and application of ointment when needed.</p> <p>_____ I authorize the staff of IBELC to administer acetaminophen (i.e. Tylenol) in the event of fever or teething pain.</p> <p>_____ IBELC has provided me a copy of the Center's Social Media and Technology Policy.</p>
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<b>Care</b>	<p>Does the child have any allergies? _____</p> <p>Does the child take any medications? _____</p> <p>Does the child have any physical, mental, emotional or learning problems? _____</p> <p>_____</p> <p>Is there anything we should know about the child in order to provide better care for him/her?</p> <p>_____</p>
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<b>Policies</b>	<p>I attest that all the information on this application is accurate and true. By providing my signature I attest that I have received all necessary documents and I have received the "Parent Handbook" which provides the following items:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Information to Parents Document</td> <td style="width: 20%;"><input type="checkbox"/> Yes</td> <td style="width: 30%;"><input type="checkbox"/> No</td> </tr> <tr> <td>2. Policy on the Release of Children</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>3. Philosophy of Discipline</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>4. Policy on the Management of Illnesses &amp; Communicable Diseases</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>5. Expulsion Policy</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table> <p>Parent's Signature: _____ Date: _____</p>	1. Information to Parents Document	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Policy on the Release of Children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Philosophy of Discipline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Policy on the Management of Illnesses & Communicable Diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Expulsion Policy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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