



Early ARTS Family Child Care Home
Child Care | Preschool | Art Classes
207 Elm street | Elmwood Park | NJ 07407
201-300-6009 | www.SonjaEarlyArts.com

Enrollment Information

Child's Name: _____

Child's D.O.B: _____

Child's Address: _____

Parent/ Legal Guardian #1: Relationship (mother, father, other) _____

Name: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Parent/ Legal Guardian #2: Relationship (mother, father, other) _____

Name: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Child's siblings: Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

How did you hear about us?

(internet search, friend, flyer, other) _____

How do you prefer to be contacted?

(phone call, e-mail, note home, other) _____

Family Child Care Emergency Contact Information

Child's name: _____ Birthdate: _____

Parent/guardian name #1: _____

Telephone numbers: Home (_____) _____ Work (_____) _____

Parent/guardian name #2: _____

Telephone numbers: Home (_____) _____ Work (_____) _____

Emergency contacts to whom child may be released if parent/guardian is unavailable:

Name & relationship #1: _____

Telephone numbers: Home (_____) _____ Work (_____) _____

Name & relationship #2: _____

Telephone numbers: Home (_____) _____ Work (_____) _____

Child's Health Care Provider

Name: _____ Phone #: (_____) _____

Address: _____

Child's Health Insurance

Name of insurance plan _____ ID# _____

Subscriber's name on insurance card _____

List special conditions, disabilities, allergies or medical information for emergency situations:

List preference for transport arrangement in an emergency situation (*Parents/guardians are responsible for all emergency transportation charges.*):

Hospital preference: 1st Choice _____ 2nd Choice _____

Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child, _____, receive first aid by the Family Child Care Provider and, if necessary, be transported to receive emergency care. I also authorize the Family Child Care Provider or Family Child Care Provider designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature #1 _____ Date: _____

Parent/Guardian Signature #2 _____ Date: _____



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Picture Release Form

For my child/children: _____

I give permission for my child/children to be photographed or video/audio-recorded by Sonja Svete Zaninovic while involved in activities connected with Early ARTS Family Child Care Home. I hereby grant the permission to Sonja Svete Zaninovic and Early ARTS Family Child Care Home to use my child/children in a photograph or movie in any and all of its publications, including website entries or art works, without payment or any other consideration. I understand and agree that these materials will become the property of Sonja Svete Zaninovic and Early ARTS Family Child Care Home and will not be returned. I hereby irrevocably authorize Sonja Svete Zaninovic and Early ARTS Family Child Care Home to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Sonja Svete Zaninovic and Early ARTS Family Child Care Home programs, or for any other lawful purpose, including creation of artistic works. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or movie. I hereby hold harmless and release and forever discharge Sonja Svete Zaninovic and Early ARTS Family Child Care Home from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature of Parent and/or Guardian Date Relationship to Child

Signature of Parent and/or Guardian Date Relationship to Child

Parental Notification of School Age Child's Health

(Compliance with Manual of Requirements for Family Child Care registration 10:126-6.8 #4)

_____ is enrolled in a public or private school and also
full name of child
attends the family child care program operated by Sonja Svete Zaninovic.
full name of provider

_____ is in good health and can participate in normal
full name of child
activities of the family child care program.

_____ requires the following special accommodations due
full name of child
to a special need or condition:

Parent's name: _____
please print full name

Parent's signature: _____

Date: _____