

**HARBORVIEW CHILD CARE CENTER
ENROLLMENT APPLICATION**

STARTING DATE _____ CONFERENCE DATE _____

CHILD'S NAME _____ D.O.B. _____ SEX _____

ADDRESS _____

NAME PARENT #1 _____ NAME PARENT #2 _____

ADDRESS _____ ADDRESS _____

HOME PHONE _____ HOME PHONE _____

CELL PHONE _____ CELL PHONE _____

WHO IS LEGALLY RESPONSIBLE FOR THIS CHILD? PARENT #1~ PARENT #2~ BOTH PARENTS

WHERE TO REACH PARENT

PARENT #1 OCCUPATION _____

PLACE OF BUSINESS _____

BUSINESS PHONE _____ E-MAIL _____

PARENT #2 OCCUPATION _____

PLACE OF BUSINESS _____

BUSINESS PHONE _____ E-MAIL _____

EMERGENCY CONTACT IF NEITHER PARENT IS AVAILABLE

NAME _____ NAME _____

RELATIONSHIP _____ RELATIONSHIP _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

CHILD'S DOCTOR _____

ADDRESS _____

PHONE _____

PARENT SIGNATURE: _____ DATE _____

45 Market Street, Perth Amboy, NJ 08861
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