



Start Date: _____
Type of Enrollment: _____
Days of week if Flex: _____
Grade: _____

**Application for Admission
To
Before School Program**

Mt. Olive Child Care & Learning Center

**150 Wolfe Road
Budd Lake, NJ 07828
(973) 426-1525**

FAX: (973) 347-4029

Website: mtolivechildcare.org

Check appropriate school:

**Tinc Road School
Tinc Road
Flanders, NJ 07836**

**Chester M. Stephens
Sunset Drive
Budd Lake, NJ 07828**

**Mt. View School
Clover Hill Drive
Flanders, NJ 07836**

**Sandshore School
Sandshore Road
Budd Lake, NJ 07828**



**United Way
of Morris County**

List any special medical conditions: _____

Allergies: _____

Child's Name: _____ Birthdate _____

School _____ Grade _____

Home Address _____ Phone _____

Mother: Name _____

Father: Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____

Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

PLACE OF BUSINESS/ SCHOOL:

Mother: Employer _____

Father: Employer _____

Address _____

Address _____

Phone _____

Phone _____

Please Note:

1. Any Allergies: _____
2. Any medications child is taking: _____
3. Any other health or medical information we should know about your child: _____

Physician's Name & Address _____ Phone # _____

Medical Insurance Co. & Number _____

List the names and ages of others living in the family/household:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Emergency and Sign Out Names: (AUTHORIZED PERSONS MUST BE 18 YEARS OF AGE)

(1) Name _____
 Street, City, Zip _____
 Phone _____
 Relationship _____

(2) Name _____
 Street, City, Zip _____
 Phone _____
 Relationship _____

(3) Name _____
 Street, City, Zip _____
 Phone _____
 Relationship _____

(4) Name _____
 Address _____
 Phone _____
 Relationship _____

Parent/Guardian Signature _____ Date _____

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT
FOR A MINOR CHILD**

I (we) _____

Name

of _____, _____, _____.

City

County

State

do hereby state that I am (we are) the parent (s) / guardian (s) having legal

custody of _____, a minor, _____, born _____

Child's Name

Age

Birth date

who resides with me (us) at _____

Address

I (we) authorize Mt. Olive Child Care & Learning Center Staff Person, an adult is employed at S.A.F.E. Before School Program, in the City of Budd Lake or Flanders, County of Morris, State of New Jersey, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Dated this _____ date of _____, 20_____.

Signature of Parent (s) or Guardian (s)

This authorization will expire _____ when child leaves Program _____

Witness: _____ Date: _____

Existing Medical Problems of Child, if any: _____

Child's allergies, if any: _____

Child's Doctor: _____ Parent's Doctor _____

Choice of Specialist (s): _____

Medicine(s) child is taking _____

Insurance Company: _____ Group No: _____

Identification No: _____ Latest Tetanus shot date: _____

BEFORE & AFTER SCHOOL PERMISSION SLIP

I, _____, the parent (or guardian) of _____
do hereby grant permission and authorization to the Mt. Olive Child Care & Learning Center, its employees,
and agents permission and authorization for the following purposes:

1. To take field trips and walks, with staff supervision, in the immediate neighborhood, no more than a few blocks from the school.
2. To release objective information about my child to appropriate personnel employed by the Mt. Olive Township Public Schools (i.e. Child Study Team, Principals).
3. To photograph or authorize photographs to be taken of my child while attending the Center or activities sponsored by the Center and I permit, authorize, and consent to the publication of such photographs as an individual or part of a group with or without accompanying textural material for the purpose of promotion of the Center, its activities or for the purpose of informing the community or potential financial contributors about the activities and programs of the Center, for editorial, illustration, advertising or non-profit promotional purposes as is at the sole discretion of the Mount Olive Child Care & Learning Center, for editorial, illustration, advertising or non-profit promotional purposes as is at the sole discretion of the Mt. Olive Child Care & Learning Center deemed desirable. I also consent to the use of my name in connection therewith.
4. To allow my child _____, to watch any G or PG rated movie deemed appropriate by the Staff of Mt. Olive Child Care & Learning Center. I understand that only those rated PG because of mild language will be shown.
5. For my son/daughter/ward _____, permission to attend and/or participate in all activities, sponsored by Mt. Olive Child Care & Learning Center, its employees, associates and contributors. In further consideration of the benefits to be gained by our child, we covenant that we will never institute any action by law against Mt. Olive Child Care & Learning Center, its agents, servants and employees, on account of injury or other loss or damage sustained by our child's participation.

Parent or Guardian

Date

Parent of Guardian

