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## Registration Form

Date Of Application: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday      Half / Full Day

Full Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parent/Guardian Information:

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Firm: \_\_\_\_\_

Home Address(if different from child's): \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Firm: \_\_\_\_\_

Home Address(if different from child's): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pick Up Authorization (other than parents listed above):**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

❖ Person That is **Unauthorized** to Pick-Up: \_\_\_\_\_

**Emergency Contact:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**Health Information:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

**Child's Allergies:**

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**Important information our school should know about your child:**

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**Who Referred You/How Did You Hear About Us:**

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**Please notify our director immediately if any of the above information changes.**

**Thank you!**

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_