

CROSSROADS EARLY LEARNING CENTER

114 Old Stage Road
East Brunswick, NJ 08816
732.251.3221 fax 732.723.9026

ADMISSION INFORMATION

Child's Name: _____ **Date of Birth:** _____
Preferred Name: _____ Boy Girl
Child lives with Mother Father Both Parents Other _____
Receipt requested? Yes No Entry Code _____

MOTHER

Name _____ E-Mail Address _____
Address _____ Home Phone _____
City / State _____ Zip _____ Cell Phone _____
Driver's License # _____ Social Security # _____
Employer | Name _____
| Address _____
| City/State _____ Zip _____
| Work Phone _____ Ext _____
| Profession _____

FATHER

Name _____ E-Mail Address _____
Address _____ Home Phone _____
City/State _____ Zip _____ Cell Phone _____
Driver's License # _____ Social Security # _____
Employer | Name _____
| Address _____
| City/State _____ Zip _____
| Work Phone _____ Ext _____
| Profession _____ 10/10

Please provide copies of licenses and social security cards. Thank you.

OTHERS AUTHORIZED TO PICK UP CHILD

Name _____

Phone # _____

Address _____

City/State/Zip _____

Name _____

Phone # _____

Address _____

City/State/Zip _____

Name _____

Phone # _____

Address _____

City/State/Zip _____

Name _____

Phone # _____

Address _____

City/State/Zip _____

**AUTHORIZED PERSONS WHO MAY
SIGN FOR EMERGENCY TREATMENT**

Name

Phone #

Address

City/State/Zip

Name

City/State/Zip

Dentist's Phone # _____

Physician's Address _____

City/State/Zip _____

Physician's Phone # _____

LIST ALL ALLERGIES

1. _____

2. _____

3. _____