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 _____

Entry Code _____

MOTHER

Name _____ E-Mail Address _____

Address _____ Home Phone _____

City / State _____ Zip _____ Cell Phone _____

Cell Phone Carrier: _____

Employer
Name _____
Address _____
City/State _____ Zip _____
Work Phone _____ Ext _____
Profession _____

FATHER

Name _____ E-Mail Address _____

Address _____ Home Phone _____

City/State _____ Zip _____ Cell Phone _____

Cell Phone Carrier: _____

Employer
Name _____
Address _____
City/State _____ Zip _____
Work Phone _____ Ext _____
Profession _____

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 _____
Phone # _____
Address _____
City/State/Zip _____

Name _____
Phone # _____
Address _____
City/State/Zip _____

LIST ALL ALLERGIES

1. _____
2. _____
3. _____

LIST ALL MEDICAL CONDITIONS

1. _____
2. _____
3. _____

MEDICAL INSURANCE _____
Insured's Name _____
Policy Number _____
Group Number _____
Hospital Preference _____

Child's Physician _____
Physician's Address _____
City/State/Zip _____
Physician's Phone # _____

Child's Dentist _____
Dentist's Address _____
City/State/Zip _____
Dentist's Phone # _____