



# Growing Garden Plus

A safe, loving, nurturing environment where children can grow.

962-970 South Orange Avenue  
Newark, NJ 07106  
Phone: (973) 375-0502  
Fax: (973) 375-7279

## ENROLLMENT APPLICATION

Child's Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Entering \_\_\_\_\_ Application Date \_\_\_\_\_

Name of school and address where your child attends: \_\_\_\_\_

Has your child ever been retained? \_\_\_\_\_ If so, why?

\_\_\_\_\_

Has your child ever been dismissed or suspended from any school? If so, why? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been diagnosed with a learning disability? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever been enrolled in a special class or received tutoring? If so, designate subject area and/ or special classes.

\_\_\_\_\_

Indicate any physical (including allergies), emotional, or family factors that would have a bearing on your child's performance.

\_\_\_\_\_

Indicate if your child is presently taking any long term medication such as Ritalin, asthmatic inhaler, etc.:

\_\_\_\_\_

**\*Please indicate which program(s) you will be using.**

\_\_\_\_\_ **Before care**

\_\_\_\_\_ **Aftercare**

**PARENT/ GUARDIAN INFORMATION**

FIRST PARENT'S NAME:

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Relationship to child(ren):

Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/ Company: \_\_\_\_\_

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

City/ \_\_\_\_\_ State

Name and Address of church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

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SECOND PARENT'S NAME:

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Relationship to child(ren):

Parent \_\_\_\_\_ Grandparent \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent \_\_\_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/ Company: \_\_\_\_\_

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

City/ \_\_\_\_\_ State

Name and Address of church you attend: \_\_\_\_\_ Denomination: \_\_\_\_\_

# Parental Authorizations and Agreements

CHILD'S NAME: \_\_\_\_\_

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## CHILD RELEASE

For the safety and protection of your child, please list persons (other than parent or guardian) who are authorized by you to pick up; your child. Please be aware that Growing Garden reserves the right to ask for identification at the time of pick-up from the persons you have authorized.

The following people are authorized to pick up my child:

NAME	RELATIONSHIP TO CHILD	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following people are unauthorized to pick up my child. If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, explain below and attach a copy of appropriate documents (court order).

NAME	RELATIONSHIP TO CHILD
_____	_____
_____	_____

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of 1<sup>st</sup> Parent: \_\_\_\_\_ Signature of 2<sup>nd</sup> Parent: \_\_\_\_\_  
**(Both signatures are required if both parents are picking up the child)**

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## CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that medical emergency occurs, I authorize Growing Garden Preschool to seek emergency medical care for my child as deemed necessary by the Director in charge or by the School Nurse.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Are you completing an application for any other children grades K-6? \_\_\_\_\_

How did you become interested in Growing Garden Plus? \_\_\_\_\_

EMERGENCY CONTACTS:

Please do not list people without phone or beeper numbers since we cannot contact them in emergencies.

Name	Telephone	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*\*\*\*\*

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that a medical emergency occurs, I authorize Growing Garden Plus to seek emergency medical care for my child as deemed necessary by the Director and/ or a teacher.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Family Doctor's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**PERMISSION FOR LOCAL FIELDTRIPS**

I give permission for my child, \_\_\_\_\_, to participate in walking trips within Growing Garden Plus's neighborhood. I understand that these walks may involve entrance in a local public library or park and that my child will always be under the supervision of authorized personnel of Growing Garden Plus who will take the necessary precautions to insure the health and safety of my child.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**PARENTAL AGREEMENT**

By my signature, I attest to the following:

1. All of the information I have provided to Growing Garden Plus is accurate and complete.
2. In the event of an emergency, I authorize Growing Garden Plus, as deemed necessary by the Director, to seek emergency care for my child.
3. I have read and have agreed to abide by the payment policy (listed in the application information). I understand that once my child is enrolled, I am obligated to meet the tuition payment, even if my child is not in school, until my child is terminated or the school year has officially ended.
4. I have read the information to Parents Statement.
5. I have entered into a legally binding contract with Growing Garden Plus and I pledge to comply wit all rules and regulations which the school deems necessary for proper operation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature