

JERSEY CITY CHILD DEVELOPMENT CENTERS, INC.  
93 Nelson Avenue  
Jersey City, New Jersey 07307  
(201) 656-1500

REGISTRATION FORM

CENTER APPLYING FOR \_\_\_\_\_ DATE REGISTERED \_\_\_\_\_

CHILD S INFORMATION

CHILD S NAME  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
CHILD S ADDRESS \_\_\_\_\_ APT. NUMBER \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE OF CHILD AT TIME OF REGISTRATION \_\_\_\_\_

MALE  FEMALE   
MEDICAID: YES NO  MEDICAID AND PERSON NUMBER \_\_\_\_\_

HMO NAME AND NUMBER \_\_\_\_\_

PRIVATE INSURANCE NAME AND  
NUMBER \_\_\_\_\_

HEALTH CONCERNS: (EL Allergies, convulsions, Handicapping Conditions, Speech) Please  
describe: \_\_\_\_\_

FAMILY AND HOUSEHOLD INFORMATION  
PLEASE CIRCLE PARENT OR GUARDIAN

MOTHER/GUARDIAN \_\_\_\_\_ DAY PHONE # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMERGENCY # \_\_\_\_\_  
*ARE YOU WORKING* \_\_\_\_\_ *WHERE* \_\_\_\_\_ *PHONE #* \_\_\_\_\_  
*IN SCHOOL* \_\_\_\_\_ *WHERE* \_\_\_\_\_ *PHONE#* \_\_\_\_\_  
IF YOU ARE THE GUARDIAN PLEASE SPECIFY *YOUR RELATIONSHIP WITH THE CHILD* \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ DAY PHONE# \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMERGENCY# \_\_\_\_\_  
*ARE YOU WORKING* \_\_\_\_\_ *WHERE* \_\_\_\_\_ *PHONE #* \_\_\_\_\_  
*IN SCHOOL.....WHERE* \_\_\_\_\_ *PHONE #* \_\_\_\_\_  
IF YOU ARE THE GUARDIAN PLEASE SPECIFY *YOUR RELATIONSHIP WITH THE CHILD* \_\_\_\_\_

TOTAL NUMBER OF CHILDREN IN THE HOME \_\_\_\_\_  
NUMBER OF CHILDREN IN THE HOME UNDER THE AGE OF FIVE \_\_\_\_\_  
*TOTAL NUMBER IN HOUSEHOLD* \_\_\_\_\_ *FAMILY S GROSS INCOME* \_\_\_\_\_

THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:  
SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY:

PLEASE CHECK OFF THAT YOU HAVE SEEN THE FOLLOWING:

IMMUNIZATION RECORD \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_ MEDICAID AND HMO CARD \_\_\_\_\_

LETTER SENT \_\_\_\_\_ DATE \_\_\_\_\_

PROOF OF INCOME (*PAY STUB*) \_\_\_\_\_

APPROVED \_\_ DATE \_\_\_\_\_ ABOVE INCOME \_\_\_\_\_ DATE \_\_\_\_\_ WAITING LIST \_\_ DATE \_\_\_\_\_

SIGNATURE OF HEAD START STAFF \_\_\_\_\_ DATE \_\_\_\_\_