

Early Childhood Demonstration Center



I. Student Information

_____	_____	_____
FULL NAME	DATE OF BIRTH	DESIRED START DATE
_____		_____
ADDRESS		APT #
_____	_____	_____
CITY	STATE	ZIP CODE
STUDENT'S GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE IS STUDENT POTTY TRAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

II. Parent Information

_____	_____	_____
MOTHER/GUARDIAN NAME	BANNER ID NO. (IF APPLICABLE)	HOME PHONE
_____	_____	_____
EMPLOYER	OFFICE PHONE	CELL PHONE
_____	_____	_____
FATHER/GUARDIAN NAME	BANNER ID NO. (IF APPLICABLE)	HOME PHONE
_____	_____	_____
EMPLOYER	OFFICE PHONE	CELL PHONE
PARENT MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED		

III. Custodial Information

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please briefly explain below. In matters of custody rights, you must provide all court orders (original copy with seal) and we will make a copy.

The following person/persons are permitted to pick up my child and or/contacted in case of emergency, if parent is not available:

_____	_____	_____
FULL NAME	HOME/CELL PHONE	RELATIONSHIP
_____	_____	_____
FULL NAME	HOME/CELL PHONE	RELATIONSHIP

IV. Medical Information

_____	_____	
PEDIATRICIAN NAME/PRACTICE NAME	OFFICE PHONE	

ADDRESS		
_____	_____	_____
CITY	STATE	ZIP CODE

Please list any medical conditions below that the center should be aware of (allergies, etc.).

V. Approvals

- Please read the following statements and place a check mark in the box indicating your agreement.
- In the event that a medical emergency occurs, I authorize the Rowan University Early Childhood Demonstration Center to seek emergency medical care for my child as deemed necessary.
 - I have received the Information to Parents Statement and the Philosophy of Discipline for the Center.
 - My child has seen a physician in the past year and is in good health.
 - I have received a copy of the Rowan University Early Childhood Demonstration Center guidelines.
 - I give Rowan University permission to use my child's likeness in photographs for any promotional, advertising, editorial and/or marketing purposes.

_____	_____
PARENT/GUARDIAN SIGNATURE	DATE