



ALL DAY LEARNING CENTERS

Focusing On Your Child's Early Education

Longships Complex

170 Township Line Road, Building B

Hillsborough, NJ 08844

908-359-0803

Student Application

Date of Application _____ Date of Birth _____

Child's Name _____ Sex _____

Address _____
Street City State Zip

Contact Information

Father's Name _____ Mother's Name _____

Father's Social Security # _____ (last 4 digits only)
Mother's Social Security # _____ (last 4 digits only)

Home Phone _____ Home Phone _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Father's Occupation _____ Mother's Occupation _____

Place of Business _____ Place of Business _____

Business Address _____ Business Address _____

Child's Doctor _____ Phone _____

Person authorized to pick up child and/or contact in case of Emergency if neither parent is available:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____



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1. Does your child have any known medical conditions? If so, please explain. _____

2. Has your child had chicken pox? (circle one) Yes No

3. Is your child on any medication? Please describe. _____

4. Does your child have any known fears? If so, please explain _____

5. Does your child have allergies? If so, please explain _____

6. Are there any soups, beverages, or snacks your child is allergic to? _____

7. Will your child tell us when he/she has to use the Bathroom? (circle one) Yes No

Does your child need help? If so, please explain _____

8. Does your child have other sisters or brothers? Their ages? _____

9. Does your child a pet or favorite toy? _____

10. When will you have child arrive at school? _____

11. Approximately when we can expect your child to be picked-up? _____

Thank you for helping the staff at ADLC to know and understand your child better. If there is anything further regarding your child not covered in the form, please let us know.

Our policy is to admit students of any race, color, national, or ethnic origin.

How did you hear about us? _____

Parent/Guardian signature _____ Date _____