



150 D-Tices Lane East Brunswick, NJ 08816 732-967-0688

ENROLLMENT APPLICATION

CHILD'S NAME _____ AGE _____
Last First

BIRTHDATE: _____

HOME ADDRESS _____
Street City State Zip

Parent(s)/Guardian name: _____

Employer _____

Address _____

Home Number _____

Work Number _____

Cell Number _____

E-Mail _____

When unable to reach a parent in case of an emergency, I authorize the school to contact and/or release my child to the following individuals:

Name _____ Phone Number _____ Relation _____

Name _____ Phone Number _____ Relation _____

I give my consent for the school to contact my child's doctor for any required information:

Pediatrician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Parents' Initials _____



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Please mark which program you are enrolling your child in:

- The Lullaby Cubs (ages 3 months – 18 months)
- The Explorers Cubs (ages 18 months – 2 ½ years)
- The Wiz Cubs (ages 3 years – 6 years)

Please mark with session you are enrolling for:

- Full Day
- Half Day

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Tell Us About Your Child

Languages spoken at home _____

Previous school experiences, if any _____

Experiences that may affect behavior, if any _____

Has your child ever been referred for special services? _____

If so, which services were recommended? _____

How much television does your child watch per day? _____

Any food restrictions or preferences? _____

Any allergies or other health concerns? _____

Is your child toilet trained? _____ Assistance needed? _____

Does your child nap? _____ If so, for how long? _____

What system of behavior management is used in your home, and what is your child's typical reaction?

Parents' Initials _____



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Please describe your child’s personality, including their general temperament, social adjustment, challenges, and any additional information that may be beneficial to us.

Does your child ever display aggressive behavior such as hitting, kicking, pushing, or biting? _____

How does your child handle transitions from one activity to another? _____

As legal guardian, I hereby recognize that All Cubs, LLC is not responsible for injuries sustained while participating in school activities, therefore, forever release All Cubs, LLC, its Owners, Director, and/or employees from any and all injuries and/or damages, including medical expenses suffered and/or incurred by my child while enrolled at All Cubs, LLC.

By signing below, I hereby agree that the school may take action that it considers prudent to protect the safety of my child and the other children visiting the premises. I further agree to indemnify, defend, and hold All Cubs, LLC (its owners, directors, employees) harmless from and against all actions, claims or liability (including attorney fees and costs) directly or indirectly caused by my child or resulting from any inaccuracy or omission made by me in completing this Agreement or other information provided to All Cubs, LLC. This waiver of liability is signed voluntarily as to its contents and intent. By signing below, I agree that, to my knowledge, all of the above stated information is accurate.

- Yes, we have received, read, and understand the All Cubs, LLC on the Rules and Regulations and agree to abide by the Daycare/Learning policies as so described.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____

Parents’ Initials _____



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Date _____ Relation _____

Child's Name _____ Teacher/Group _____

Parents' Initials _____