



Carousel of Learning

Day Care & Nursery School
244 Kingston Road
Parsippany, New Jersey 07054
(973) 884-2052

Enrollment Form

Date: _____ Child's Date of Birth: _____

Child's Name: _____ Sex: Male Female

Child likes to be called: " _____ "

Address: _____
Street City State Zip Code

Father's Name: _____ Mother's Name: _____

Home Address: (if different from above) Home address: (if different from above)

Home Phone #: _____ Home Phone #: _____

Siblings: _____
Name Age Name Age

Special Interests: _____

Where to Reach Parent

Father's Occupation: _____ Mother's Occupation: _____

Place of Business: _____ Place of Business: _____

Address: _____ Address: _____

Business Phone #: _____ Business Phone #: _____

*If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain on the back of this form and attach a copy of appropriate documents. (Court Order)

Please sign below to indicate that you have read and received the Information to Parents Statement.

I have received the Information to Parents Statement. (Previous page.)

Date Signature

For Center Use Only

Date of enrollment: _____ Date of enrollment conference: _____ Date of withdrawal: _____