

Enrollment Application

# The Lewis Chatman Academy

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*"Taking Children from Paterson to Princeton"*



To complete your registration, you will need:

- Completed Enrollment Application
- Birth Certificate
- Immunization Records
- NJ State Food Eligibility form
- Universal Child Health Record
- \$100 Registration Fee

The Lewis Chatman Academy  
1 Market Street  
Paterson, NJ 07501  
Phone: (973) 782-4225  
Fax: (973) 977-2032

## Child's Information:

Child Enrollment Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mother: \_\_\_\_\_ SS#: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Father: \_\_\_\_\_ SS#: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Rate Child's Health:    Very Good        Good        Average        Poor

Child's Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Uses Left / Right Hand to Eat (Circle One)

List All Past/Present Illnesses, Injuries, Handicaps:

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Allergies: \_\_\_\_\_

Food restrictions: \_\_\_\_\_

If your child taking medications? Yes/No    If so, what kind?

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Please list additional information that you would like to share about your child.

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Has your child had any of the following conditions? At what age?

Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Diphtheria \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Epilepsy \_\_\_\_\_

Convulsions \_\_\_\_\_ Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Poliomyelitis \_\_\_\_\_ Diabetes \_\_\_\_\_ Hernia \_\_\_\_\_

Otitis Media \_\_\_\_\_ Mental Retardation \_\_\_\_\_

Does your child have any physical handicaps?

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## Parent's Emergency Information:

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Are you currently enrolled in the following programs?

\_\_\_\_\_ Work First NJ \_\_\_\_\_ Kids Care NJ

\_\_\_\_\_ Reach Program \_\_\_\_\_ Foster Care

Site/Agency Name \_\_\_\_\_

Phone # \_\_\_\_\_ Contact Person \_\_\_\_\_

## Additional Emergency Contacts

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Person Authorized to Pick Up Your Child

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## Physician to Be Called in Case of Emergency

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If no physician is reached, which hospital should be called?

\_\_\_\_\_

Medicaid Number, if applicable \_\_\_\_\_

Other Medical Insurance Plan \_\_\_\_\_

### Emergency Medical Permission:

In case of an emergency, I \_\_\_\_\_ give permission to The Lewis Chatman Academy staff to obtain emergency medical treatment for my child.

### Permission Form-Photography

Photos and movies are sometimes taken for use within school. Occasionally, those or other pictures may be used for newspaper stories about the school or for educational purposes.

My child \_\_\_\_\_ picture may / may not be used for publication or newspaper stories about the school or for educational purposes.

\_\_\_\_\_

Date \_\_\_\_\_

**Parent/Guardian Signature**

## Permission Forms-Field Trips

### Field Trips

Field trips and walks are a regular and carefully supervised part of our program. Walks in the neighborhood are often taken without previous planning. Parents will be notified before each trip when children are to be taken away by car or bus.

I give permission for my child \_\_\_\_\_ to leave school for walks or field trips.

\_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Signature

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## PERSONAL INFORMATION RECORD FOR INFANT/TODDLER

1. What is your child's current family sleeping schedule?

Morning wake-up time \_\_\_\_\_ Evening bedtime \_\_\_\_\_

Daily Naps \_\_\_\_\_

2. Is your child sleeping through the night? Yes / No

If not, what time does your child usually wake up at night? \_\_\_\_\_

3. What upsets or frightens your child? \_\_\_\_\_

4. What does your child find soothing or comforting? \_\_\_\_\_

5. How does your child react to strangers? \_\_\_\_\_

6. Is your child using a cup / bottle / both?

7. Are you breastfeeding your child? Yes / No    If yes, at what time?

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8. What are the times that your child is now receiving the bottle each day?

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9. Give the number of ounces that your child is taking at each bottle feeding.

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10. Is your child drinking formula, whole milk, skim milk, or other?

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11. Give any special instructions for preparing, if any.

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12. Are there any other special instructions concerning bottle feeding for your child?

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13. Is your child eating baby food or table food at home? \_\_\_\_\_

14. Please list any of your child's favorite food.

Vegetables

Fruits

Meats

Juices

Breads

15. Where does your child spend his/her walking hours? (cribs, playpens, crawling on the floor, etc.)

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16. What toys and activities make him/her happy?

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17. When does your child usually have bowel movements? \_\_\_\_\_

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18. Has your child begun potty training? \_\_\_\_\_ If yes, describe his/her routine. \_\_\_\_\_

19. What does your child call his/her

Bowel movement \_\_\_\_\_ Urination \_\_\_\_\_



20. Please use the additional space at the bottom of this page to tell us any additional information that you wish to share about your child

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_