



Early ARTS LLC - Child Care | Preschool | Art Classes

207 Elm street, Elmwood Park, NJ 07407 ▪ 201-300-6009 ▪ www.SonjaEarlyArts.com

Early Arts

ENROLLMENT INFORMATION

Child's Name: _____ D.O.B: _____

Child's Address: _____

Parent/ Legal Guardian #1: Relationship (mother, father, other) _____

Name: _____

Address: _____

Employer: _____

Work Address: _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Parent/ Legal Guardian #2: Relationship (mother, father, other) _____

Name: _____

Address: _____

Employer: _____

Work Address: _____

Phone: Home _____ Cell _____ Work _____

E-mail: _____

Child's siblings: Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Person to call in case of emergency, if parent/legal guardian is not available:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Name of Child's Doctor: _____ **Phone:** _____

Insurance Plan and ID Number: _____

Allergies: _____ **Other:** _____

In the case of emergency: As parent/guardian, I give consent to Early Arts personnel to contact my child's health care provider listed above, have my child receive first aid and, if necessary, be transported either by ambulance\emergency vehicle or personal vehicle to receive emergency care. I give consent for Early Arts and/or emergency person listed above to act on my behalf until I am available. I understand that I will be responsible for all charges not covered by insurance.

Parent/Guardian Signature #1: _____ **Date:** _____

Parent/Guardian Signature #2: _____ **Date:** _____



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SOCIAL MEDIA POLICY

For my child/children: _____

PICTURE RELEASE FORM

I give permission for my child/children to be photographed or video/audio-recorded by Sonja Svete Zaninovic while involved in activities connected with Early Arts LLC. I hereby grant the permission to Sonja Svete Zaninovic and Early Arts LLC to use my child/children and his/her/their artwork done at Early Arts LLC in a photograph or movie in any and all of its publications, including website entries, marketing materials, exhibitions, or art works, without payment or any other consideration. I understand and agree that these materials will become the property of Sonja Svete Zaninovic and Early Arts LLC and will not be returned. I hereby irrevocably authorize Sonja Svete Zaninovic and Early Arts LLC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Sonja Svete Zaninovic and Early ARTS LLC, or for any other future lawful purpose, including creation of educational materials or artistic works. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or movie. I hereby hold harmless and release and forever discharge Sonja Svete Zaninovic and Early Arts LLC from all claims, demands, and causes of action which I, or any other persons acting on my behalf have or may have by reason of this authorization. I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I am aware that I have a choice not to sign this social media policy if I want some specific photography or communication restrictions.

Parent/Guardian Name _____ Signature: _____ Date: _____

COMMUNICATIONS

I agree with Early Arts LLC using my phone number and e-mail address for communication via voice calls, messages, e-mails, and regular newsletters. I trust Early Arts LLC not to share my information with anyone but the other parents at Early Arts LLC, and to express professionalism at all times in all communications. I also accept occasional communications via Facebook, Instagram, Viber, WhatsApp, Tumblr, Twitter, or other online platforms that I could be using in the future. I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I am aware that I have a choice not to sign this social media policy if I want some specific photography or communication restrictions.

Parent/Guardian Name _____ Signature: _____ Date: _____

I am aware that I have a choice not to sign this social media policy if I want some specific photography or communication restrictions. In that case, custom social media policy will be made that will include my specific instructions.

If I take photos and videos at Early Arts LLC for personal use, these images and videos will not be distributed or put online if they contain images of other children or adults. Also, if I want to share Early Arts LLC pictures online, I will choose pictures with Early Arts watermark, and not pictures sent to me personally for my private use. Same applies if my child(children) comes to Early Arts LLC with cell phones; I will talk to her/him(them) about responsible use of photographs and videos. Photos and videos taken of me while visiting Early Arts LLC will be used in the same responsible manner and not shared online without my consent. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Parent/Guardian Name _____ Signature: _____ Date: _____

Universal Child Health Record is not needed if medical papers were already given with the enrollment for public or private school that child is currently attending:

Parental Notification of School Age Child's Health

(Compliance with Manual of Requirements for Family Child Care registration 10:126-6.8 #4)

_____ is enrolled in a public or private school and also
full name of child
attends the family child care program operated by Sonja Svete Zaninovic.
full name of provider

_____ is in good health and can participate in normal
full name of child
activities of the family child care program.

_____ requires the following special accommodations due
full name of child
to a special need or condition:

Parent's name: _____
please print full name

Parent's signature: _____

Date: _____