THE J&J CHILD DEVELOPMENT CENTERS

**ENROLLMENT APPLICATION**

**FOR FULL-TIME / PART-TIME ENROLLMENT**

Thank you for your interest in the Johnson &Johnson Child Development Centers, managed by Bright Horizons Family Solutions. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Please check the appropriate box below for the center in which you are applying. If you are applying for more than one center, please indicate your preferences numerically.

**🞏 New Brunswick 🞏 Raritan 🞏 Titusville 🞏 Fort Washington 🞏 Skillman 🞏 Somerville**

**Please indicate your status with Johnson & Johnson:**

**🞏Employee 🞏Contractor 🞏Sponsored Family\***

**\*If Sponsored Family, please indicate relationship to child 🞏 Grandparent 🞏 Aunt/Uncle**

**\*Sponsor must be an active J&J employee and must sign form below**

When your application form is received, you will be placed on a registration list. You will be contacted regarding the availability of space and the enrollment process. The center will do the best to accommodate the requested enrollment date however, situations may occur where a new date will need to be agreed upon. Prior to enrollment, the Center Director will schedule a time for you to meet with your child’s primary caregivers to learn more about Bright Horizons’ program and develop a visitation schedule for you and your child. The Director will review the parent/guardian policies/procedures and enrollment forms. A non-refundable $50 registration fee will be collected at this time.

Please check the appropriate box below for the amount of care in which you are applying for.

 **Full-Time Care Part-Time Care**  **Back-Up Care All**

# If Part-Time Care is requested: Please indicate your two or three day preference.

 **🞏** M **🞏** T **🞏** W **🞏** TH **🞏** F

**Child Information**

Child's Name:

(Please complete a separate application for each child you wish to enroll.)

Birthdate/Due Date:

Anticipated Date Care is Requested to Begin:

Name(s) of sibling(s) currently enrolled:

Name(s) of sibling(s) for whom a separate application is being submitted:

Other siblings and ages:

**Family Information**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

City: State: Zip:

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:

Personal Email Address:

Company Name:

Usual Work Hours: On Leave Until:

Additional Parent/Guardian Name:

Home Address:

City: State: Zip:

Home Phone: Work Phone:

Company Name:

Please indicate with whom the child(ren) live(s) or if a shared living arrangement:

**Additional Information**

Where did you hear about us: Special needs or requests:

**Parent/Guardian Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Printed Name of Family Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Family Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*My signature verifies that I am an active J&J employee, and I understand that I am sponsoring the above named**

**child as his/her 🞏 Grandparent 🞏 Aunt/Uncle**

**J&J Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WWID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ J&J Work Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for your application. Please return by fax, email, or mail to:

Fort Washington Child Development Center

7050 Camp Hill Road

Fort Washington, PA 19034

**TEL:** 215-273-8687 **FAX:** 215-273-4272 **EMAIL:** sgibbs4@its.jnj.com, Office Manager: Shawna Gibbs

**For Center Use Only**

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| --- | --- | --- | --- |
| Date Received/Initials | Check # | IMS# | Date Entered in IMS |