



Founded March 29, 1893

Children's Day Nursery and Family Center

A New Jersey Nonprofit Corporation

104 Jefferson Street • Passaic, New Jersey 07055

Phone: 973-777-5544

Fax: 973-777-8390

E-mail: info@cdnfc.com

www.cdnfc.com

Official date: _____

Income: \$ _____ Tier #: ____1____2____3

Special needs: ____Yes____No

DFD Eligibility Criteria _____

Interest in Enrollment Form

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Tel #: _____

Home Tel #: _____

Currently Employed? ☐ Full-Time ☐ Part-Time

Currently Employed? ☐ Full-Time ☐ Part-Time

Work Tel #: _____

Work Tel #: _____

Language Spoken at Home: _____ Spanish _____ English _____ Other _____

Child's Name: _____

Sex: _____

DOB: _____

Interested in: _____ Young Preschool (Age 2½)

_____ Preschool (Ages 3-4)

*Please bring birth certificate and
Social Security Card

FAMILY SIZE: _____ FAMILY STATUS: ____Married____Widowed____Divorced____Separated____Other

Names of other people living in the home:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

In order for your child to be added to our waiting list, you must call to make an appointment to fill out the application and bring in the following documentation:

- 4 most recent consecutive paystubs (for both parents)
- If parents are not together, please provide proof of support arrangements. (If you are not receiving support, please write a letter stating so.)
- 3 proofs of address: 1.) PSE&G Bill 2.) Lease 3.) Any other monthly bill/statement

Signature _____

Date: _____