



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-5888

APPLICATION TO OPERATE A NURSERY SCHOOL

FEE: \$100.00

NAME OF SCHOOL: _____

ADDRESS: _____

OWNER: _____

PHONE NUMBER: _____ CURRENT ENROLLMENT: _____

DIRECTOR: _____ ARE CREDENTIALS ON FILE? _____

TYPE OF OPERATION:

DAILY OPENING TIME: _____ CLOSING TIME: _____

ANNUAL SEASON OPEN: _____ CLOSE: _____

AREA OF PLAYGROUND: _____

IS PLAY AREA ENCLOSED? _____

IS THERE A HEALTH CERTIFICATE FOR EACH EMPLOYEE? _____

IS IMMUNIZATION CARD FOR EACH CHILD CURRENT? _____

ARE THERE EMERGENCY EXIT SIGNS IN EACH ROOM? _____

LAST DATE OF INSPECTION MADE BY FIRE INSPECTOR: _____

WHAT STAFF MEMBER IS CERTIFIED IN CPR? _____

WHAT PROVISIONS ARE MADE TO ISOLATE ILL CHILDREN? _____

SIGNATURE

DATE

NOTE: *Your application will NOT be processed until payment is received.*

A \$25.00 Late Fee applies for licenses received after January 21st, no exceptions.

Return your completed application along with check made payable to "Township of Berkeley Heights":

**Board of Health
Township of Berkeley Heights
29 Park Avenue
Berkeley Heights, NJ 07922**

HEALTH DEPARTMENT:

I Recommend: () Approval () Disapproval

Date Inspected: _____

Health Officer: _____