



**ROCKAWAY BOROUGH
NURSERY SCHOOL, DAY CARE CENTER, PRE-SCHOOL, YOUTH CAMP
IMMUNIZATION AUDIT FEE FORM**

License for the period ending December 31, _____

Fee: \$ 75.00

Name of School/Center/Camp: _____

Address: _____

Telephone Number: _____ Fax: _____

Email Address: _____

Name of Corporation/Individual(s) who own or operate the center or school:

Address: _____

Annual Opening Date: _____ Closing Date: _____

Name of Director: _____

Name of Head Teacher: _____

Name of Group Teacher(s): _____

Maximum enrollment: _____

Number of all children enrolled: Under 23 months _____ 2-3 yrs _____ 4-5 yrs _____ 6 yrs + _____

Other Personnel (Aid, Nurse, etc) _____

Is transportation provided: YES NO If yes, number of children transported: _____

If Yes, Type, Name, Year of Vehicle(s) used: _____

Days and Hours of Operations: _____

Square Footage/type of Building Being Utilized: _____

over

Has anyone employed at your Center/School/Camp ever been convicted of a crime? YES NO

If Yes, explain: _____

If the establishment is new or underwent renovations, please enclose the following with this form:

- 1) Sketch of floor layout of all rooms utilized, with room number, dimensions and activities.
- 2) Sketch of any exterior play area including dimensions.

CERTIFICATION:

I certify that I have personally examined and am familiar with all the information contained in this license application including any attachments. I further certify that if any of the information or statements that I have supplied are willfully false, inaccurate, or incomplete that I am subject to the revocation of license.

Signature of Owner/Manager: _____

Title: _____ Date: _____

**Please make check or money order payable to ROCKAWAY BOROUGH and mail to:
ROCKAWAY BOROUGH
1 EAST MAIN STREET
ROCKAWAY, NJ 07866**

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FOR AGENCY USE ONLY

Amount Received: _____ Check# _____ Cash _____

Date: _____ License Number: _____