

**CHILD ABUSE RECORD INFORMATION (CARI) CONSENT FORM
STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LICENSING**

CHILD CARE CENTER

Indicate Reason for CARI by Checking Appropriate Box:

- New Center
- Renewing Center
- New Staff Member Hired at a Licensed Center (Not Renewing)
Date of Hire _____

Please Check Only If You Are:

- Sponsor (Owner) or Sponsor Representative

Center Name: North Haledon Cooperative Nursery School
Site Address: 200 Squaw Brook Rd
 North Haledon NJ 07508

County: Passaic **Fee:** \$10.00

Mailing Address: 200 Squaw Brook Rd
 North Haledon NJ 07508-2761

Phone: 973-427-8709
Director: Dana Petric
Renewal Date: 6/1/2012

ID #: 16NOR0002

PLEASE PRINT CLEARLY IN INK. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE THIS FORM ON BOTH PAGES AND RETURN IT TO THE CHILD CARE CENTER. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Print your full name (first, middle, last): _____

Previous name, maiden name or nicknames: _____

Date of name change or date of marriage: _____

Home address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Race: _____

Social Security number: _____ Sex: _____

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the State Child Care Center Licensing Law (N.J.S.A. 30:5B-1 to 15).