

**2013**

**FAIR LAWN HEALTH DEPARTMENT  
Child Care Facilities/Nursery Schools  
ANNUAL REGISTRATION  
Cost: \$50.00**

*Effective April 2002, the Fair Lawn Health Department has been collecting an annual inspection fee for all Child Care Facilities and Nursery Schools as per Borough Ordinance.*

**Name of Child Care Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name of Director or Contact Person:** \_\_\_\_\_ **Home Phone#:** \_\_\_\_\_

**E-mail address of person in charge:** \_\_\_\_\_

**Hours of Operation:** i.e.:9:00am to 5:00pm (17:00) Sun \_\_\_\_\_ to \_\_\_\_\_ Mon \_\_\_\_\_ to \_\_\_\_\_ Tues \_\_\_\_\_ to \_\_\_\_\_

Wed \_\_\_\_\_ to \_\_\_\_\_ Thurs \_\_\_\_\_ to \_\_\_\_\_ Fri \_\_\_\_\_ to \_\_\_\_\_ Sat \_\_\_\_\_ to \_\_\_\_\_.

**House of Worship Affiliation or School Affiliation:** \_\_\_\_\_

**Number of children enrolled:** \_\_\_\_\_ **Age range:** \_\_\_\_\_ **NJ Child Care Center License:** \_\_\_\_\_

**Number of staff on site:** \_\_\_\_\_

**Type of food served/stored/prepared:** \_\_\_\_\_

**Is there a kitchen on the premises?** \_\_\_\_\_ **Is some food prepared on premises?** \_\_\_\_\_

**If yes, name of food handler:** \_\_\_\_\_

**Name of individuals who heat up food on premises:** \_\_\_\_\_

**Name, address and phone of all caterers used throughout the year, if applicable:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that this organization will maintain proper sanitary conditions at all times at this location.**

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

Please make checks payable to the *Borough of Fair Lawn* and mail to:  
Fair Lawn Health Department  
8-01 Fair Lawn Avenue  
Fair Lawn, New Jersey 07410  
(Do not write below this line)

\*\*\*\*\*

**Date of application:** \_\_\_\_\_ **Health Officer's approval:** \_\_\_\_\_

**Fee Paid: \$** \_\_\_\_\_ **CC #:** \_\_\_\_\_