



# 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: \_\_\_\_\_