

**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

**DO NOT SUBMIT PHOTOCOPY OR FAX A COMPLETED FORM.**

<b>Center Name:</b>	The King's Preschool		
<b>Site Address:</b>	557 NEWARK AVENUE KENILWORTH NJ 07033		County: Union    Fee: \$10.00
<b>Mailing Address:</b>	557 NEWARK AVE Kenilworth NJ 07033		
<b>Phone:</b>	9082762453	<b>Director:</b>	C. DeLaRosa/K. Dunkerton
<b>Renewal Date:</b>	8/26/2017	<b>ID #:</b>	110200032

**DO NOT WRITE IN OR USE WHITE-OUT OR CROSS-OUTS IN THIS BOX. DOING SO WILL MAKE THE FORM INVALID.**

PLEASE PRINT CLEARLY IN INK; DO NOT USE PENCIL. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE THIS FORM ON BOTH PAGES. SIGN, DATE, 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).

Name: \_\_\_\_\_

(Please clearly print applicant's name.)

Full names and birth dates of your children, if any, whether living with you or not: **NOTE: If none, check this box**

Child's First Name	Middle Name	Last Name	Date of Birth

Your previous addresses since 1990 and the dates you lived at each address: **NOTE: If none, check this box**

1) \_\_\_\_\_

Resided from: \_\_\_\_\_ (month) \_\_\_\_\_ (year) To: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

2) \_\_\_\_\_

Resided from: \_\_\_\_\_ (month) \_\_\_\_\_ (year) To: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

3) \_\_\_\_\_

Resided from: \_\_\_\_\_ (month) \_\_\_\_\_ (year) To: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

4) \_\_\_\_\_

Resided from: \_\_\_\_\_ (month) \_\_\_\_\_ (year) To: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

**All persons completing this form must read the following and sign below:**

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to sponsor or work at this or any other licensed child care center in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>FOR OFFICE OF LICENSING USE ONLY</u>	
OOL staff initials _____	