

**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	<b>County:</b> Union	<b>Fee:</b> \$10.00
	KENILWORTH NJ 07033		
<b>Mailing Address:</b>	557 NEWARK AVE		
	Kenilworth NJ 07033		
<b>Phone:</b>	9082762453	<b>Director:</b> Kathryn 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).

