

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.

Center Name:	Hill Crest Academy	
Site Address:	23 Grove Street	
	Bayville NJ 08721	County: Ocean Fee: \$10.00
Mailing Address:	23 Grove Street	
	Bayville NJ 08721	
Phone:	7322698585	Director: Amy Ricci
Renewal Date:	10/30/2017	ID #: 15HIL0002

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: _____

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials _____