Where your child's academic and social growth matters!

1408 EAST 52ND STREET BROOKLYN N.Y 11234 TEL: 347-675-0794

INSTRUCTIONS: We appreciate your interest in our organization. We consider all children without regard to race, color, age, religion, sex, medical condition or handicap, or any other legally protected status. Please print clearly.

CHILD'S INFORMATION

Name
Address:
Date of Birth:
Allergies:
If YES, allergic to what
Current or previous medical condition
If YES please explain:
History of surgery:
If YES please explain:
Was the child delivered at normal gestational age:
PARENT/ GUARDIAN'S INFORMATION
Name:
Relationship to child:
Emergency Contact Number:
Alternate Emergency Contact Number:
Job Number:
E-Mail Address:
May we contact this employer in case of emergency YESNO
Alternate Contact Number:
Relationship to child:
Emergency Contact Number:
FOR INTERNAL USE ONLY
Received a copy of immunization records?YESNO Received Registration Fee?YESNO Special Notes: