



REGISTRATION FORM

- | | |
|---|--|
| <input type="checkbox"/> Registration Fee/wait list fee
<input type="checkbox"/> Deposit
<input type="checkbox"/> Birth Certificate | <input type="checkbox"/> First Month Tuition
<input type="checkbox"/> Medical Form (DOH) Incl Immunization Records
<input type="checkbox"/> Signed Registration, Agreement and Polices |
|---|--|

CHILD'S INFORMATION:

Name:	DOB:	Date Beginning School:
Address:	City:	Zip Code:
Gender:		

PROGRAM	CARE REQUIRED
<input type="checkbox"/> Infant/Toddler (12-24 months)	<input type="checkbox"/> Full Time (5 days a week)
<input type="checkbox"/> Nursery (24-36 months)	<input type="checkbox"/> Part Time - AM
<input type="checkbox"/> Preschool (3-4yr)	<input type="checkbox"/> Part Time - PM
<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/> Part Time - Full Days [] <input type="checkbox"/> MO [] TUE [] WED [] THU [] FR

GUARDIAN INFORMATION:

Relationship:	Relationship:
Name:	Name:
Phone: Mobile:	Phone: Mobile:
Email:	Email:
Address:	Address:
City: Zip Code:	City: Zip Code:
Employer:	Employer:
Work Number:	Work Number:
Address:	Address:
City: Zip Code:	City: Zip Code:
Alternate Phone:	Alternate Phone:

ALTERNATIVE AUTHORIZED PERSON(S) FOR PICK UP:

Name:	Name:	Name:
Relationship	Relationship	Relationship
Phone:	Phone:	Phone:

PERSONS NOT AUTHORIZED FOR PICK UP: (Custody agreement papers must be on file)

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:



EMERGENCY CONTACTS:

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Alternate Phone:	Alternate Phone:

In case of emergency, the above individuals are authorized by parent(s) to pick child. The authorized individual MUST show ID prior to child being released.

MEDICAL INFORMATION:

Child's Doctor Name:	Phone:	Address:

Does your child have any IEP? Yes No

Outside Services:

<u>Type Of Services</u>	<u>Frequency</u>

Medical/Allergy Information:

<u>List All Allergies</u>	<u>Reaction</u>

Medical Conditions:

Please list any pertinent medical condition(s):



REQUEST FOR PICTURE CONSENT:

There are various time when pictures of the children will be taken, either by teachers, other parents, or members of the media. We would like your permission to use these pictures of your child(ren) for fundraising, program promotion, social media, website or other promotional uses.

I consent I do not consent

Does your child have any specific needs that we need to know about?

How did you learn about Alphabet City Child Care?

As a cooperative day care center, Alphabet City relies and respects parent involvement. How do you see yourself involved in our school?

Please list the three most important qualities you look for in a day care center:

- 1.
- 2.
- 3.

A non-refundable Registration Fee and Deposit are required with registration form. First Month tuition required at START OF CARE.

GUARDIAN SIGNATURE:

DATE:

OFFICE USE ONLY

REGISTRATION DATE:

DISCHARGE DATE: