

Enrollment Application

Parent(s) Name:	Child's name:	Child's DOB:
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Parent Information			
First Name:	Middle initial:	Last Name:	DOB
Street Address:	Apartment/ Unit:	City/ State:	Zip Code:
Email:	Cell Phone number:		Work number:
Relationship to child:			

Parent Information			
First Name:	Middle initial:	Last Name:	DOB
Street Address:	Apartment/ Unit:	City/ State:	Zip Code:
Email:	Cell Phone number:		Work number:
Relationship to child:			

Custodial Information

Primary Custodial Parent:

Are there any custodial agreements/ restrictions in place?

If yes, please list the details below and attach any supporting documents:

Additional information

Who usually picks the child up?

Are there any accommodations
needed for pick up?

Who usually drops off the child?

Are there any accommodations
needed for drop-off?

Please list any additional information below:

Emergency Contacts			
Name	Relationship	Phone number	Authorized for pick-up

Child Information			
First name:	Middle:	Last name:	DOB
<i>Other names the child may respond to:</i>			

Child Medical Information

Primary Care Physician:

Address:

Phone number:

Fax number:

Email:

Medical Insurance Information

Private Pay Only	
Weekly Rate:	Payment method:
Weekly payments are due at the beginning of each week	CC and money orders only

Disclaimer and Signature
<i>I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment, I understand that false or misleading information in my application may result in my child's discharge from the program.</i>
Signature:



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New York, NY 10035