



The Place Kids Love and Parents Trust

REGISTRATION FORM

- \$100 Registration/ Waitlist Fee
- Medical Form (NYC Dept. of Health Form)
- Completed Registration Form
- Signed Parent Policy Permission Page

Child's Name: _____

Date of Birth: _____ Gender: _____

Date Beginning School: _____

Address:

(Street, City, State, Zip Code)

Mother/Guardian Full Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Employer's Name and Address:

Father/Guardian Full Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Employer's Name and Address:



The Place Kids Love and Parents Trust

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there a Court Order in EFFECT? YES ____ NO ____ If yes please provide documentation.

AUTHORIZATION TO RELEASE: *The following individuals, other than guardian(s) listed above, will be allowed to pick your child up from the center. **SPECIAL EXCEPTIONS CAN BE MADE BY WRITTEN CONSENT. ALL WILL BE REQUIRED TO PRESENT THEIR IDENTIFICATION UPON ARRIVAL***

1. Name: _____ Relationship: _____ Cell Phone: _____ Work/Home Phone: _____

2. Name: _____ Relationship: _____ Cell Phone: _____ Work/Home Phone: _____

3. Name: _____ Relationship: _____ Cell Phone: _____ Work/Home Phone: _____

4. Name: _____ Relationship: _____ Cell Phone: _____ Work/Home Phone: _____

MEDICAL INFORMATION

Physician's Name: _____

Physician's Number: _____

Does your child have any allergies? _____

Does your child have any special needs? _____