

New Playground LLC Daycare
347-743-6121

Enrollment Application

Name of Child _____
(Last) (First) (MI) (Nickname)

Birth Date _____

Address _____ Zip Code _____

Information About The Family:

Father/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

E-mail _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____

Address _____ Zip Code _____

E-mail _____

Where Employed _____ Business Phone _____

Information About Your Child:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___

Explain _____

Please give any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

Emergency Care Information

Name of Child's Doctor _____ Office Phone _____

Address _____

Hospital Preference _____ Phone _____

If neither father or mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Date)

(Signature of Parent)