



Child Information

Full Name: _____ Nickname: _____

Previous child arrangement if any: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____

Languages spoken at home: _____

Siblings names and ages: _____

List any existing medical conditions, medication and/or special attention your child may require: _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? [] Yes [] No

Parent/Guardian Information

Registration Date: _____

Parent /Guardian 1

Parent /Guardian 2

Name: _____

Name: _____

Relation to child: _____

Relation to child: _____

Address: _____

Address: _____

Best Phone: () _____

Best Phone: () _____

Secondary Phone: () _____

Secondary Phone: () _____

Email: _____

Email: _____

Marital Status: Marital Status: _____

Marital Status: _____

Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup

Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup

Is there other information you would like us to know?

Is there other information you would like us to know?

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Schedule / Payment Information:

Are you interested in Part Time or Full Time care? Please specify Time/Hours: _____

Who is responsible for payment of tuition and fees?

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

How did you hear about Cobble Hill's Pollitos? _____

Signature:

Signature of Parent/Guardian: _____ Date: _____

To secure your spot, please submit application to:
Cobble Hill's Pollitos 259 Warren St. Brooklyn, NY 11201 Attention: Director

Thank You!