



3342 Fish Avenue  
Bronx, NY 10469  
718.882.0131

## APPLICATION FOR ADMISSION

### CHILD'S INFO.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother's/Guardian's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Home Tel.# \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail : \_\_\_\_\_

Home address (*if different from child*) \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Tel.: \_\_\_\_\_ Ext: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Home Tel.# \_\_\_\_\_ Cell #: \_\_\_\_\_ E-mail : \_\_\_\_\_

Home address (*if different from child*) \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Tel.: \_\_\_\_\_ Ext: \_\_\_\_\_

**Referred by:** \_\_\_\_\_

## EMERGENCY CONTACTS

Please list two people that can be reached in your absence and who will be authorized to pick up your child in the event of an emergency. Please make sure all numbers are current and contacts are notified.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_ Tel. #: \_\_\_\_\_ other # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell #: \_\_\_\_\_ Tel. #: \_\_\_\_\_ other # \_\_\_\_\_

Revised 5/13/10