



85 Greenway South  
 Forest Hills Gardens, NY 11375  
 angelsinthegardens.com  
 (718) 997-0990 childcare@angelsinthegardens.com

**SEPTEMBER 2021-JUNE 2022 ENROLLMENT APPLICATION**

Today's Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Please circle which class you would like your child to attend:

<b>2 Year Old ½ Day Class 8:30am-11:30am</b>	5 Days \$250/week	3 Days (M,W,F) \$200/week	2 Days (T, TH) \$150/week
<b>2 Year Old Full Day 8:15am-2:30pm</b>	5 Days \$325/week	3 Days \$300/week	2 Days \$250/week
<b>3 Year Old Full Day 8am-2:45pm</b>	5 Days \$325/week	3 Days \$300/week	2 Days \$250/week
<b>4-5 Year Old - EPK Full Day 8am-3 PM</b>	5 Days \$350/week		
<b>Early drop off/later pick-up (Any Age) 7:30 AM - 3:30PM</b>	5 Days \$50/week (flat rate)		

**\$150 Registration Fee (non-refundable)**

**If at any time you wish to change your child's days please inform us with two weeks' notice.**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent's DOB: \_\_\_\_\_ Parent's SSN #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent's DOB: \_\_\_\_\_ Parent's SSN #: \_\_\_\_\_

Please provide us with an **E-Mail Address** in which you would like to receive our monthly newsletters and updates: \_\_\_\_\_

Physician of Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list any your child's **ALLERGIES:**

---

---

---

**Emergency Contact/Authorized Pick-Up List:**

In the event an emergency should occur please list additional family members or friends that can be contacted if we are unable to reach the child's guardian/s. Also who is authorized to pick up your child?

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FAMILY INFORMATION**

Has your child been enrolled in any other center: Date: \_\_\_\_\_

Center's Name: \_\_\_\_\_

Primary languages spoken at home: \_\_\_\_\_

Does child speak more than one language: ( ) YES ( ) NO

Which languages: \_\_\_\_\_

Marital Status: ( ) MARRIED ( ) DIVORCED ( ) WIDOWED ( ) SINGLE

Has there been a lengthy period of separation from mother/father or guardian?

( ) YES ( ) NO

If yes, state the circumstances and length of time:

\_\_\_\_\_

Briefly describe any atypical family circumstances and/or challenges since child's birth to present: (i.e., moving, marital problems, illness, unemployment, death, etc.)

\_\_\_\_\_

\_\_\_\_\_

<p>_____ YES, I would like to receive the monthly newsletter and additional important notifications via email.</p> <p><b>Email Address:</b> _____</p> <p>(Please make sure to check regularly)</p> <p>_____ NO, I would not like to receive the monthly newsletter and additional important notifications via email.</p> <p>Can we photograph your child in school to use for classroom projects and our website &amp; Shutterfly site and advertising?</p> <p>( ) YES ( ) NO</p>
---

**FAMILY HISTORY**

___ Sickle Cell	___ Heart Disease
___ Diabetes	___ Tuberculosis
___ Convulsive Disorder	___ Vision
___ Allergies (specify)	___ Hearing
___ Other (specify) _____	

<b>IS CHILD ALLERGIC TO ANY:</b>	
___ Medications (specify)	_____
___ Foods (specify)	_____
___ Insect Bites	_____
___ Other	_____
___ NONE	

<b>CONSENT FOR EMERGENCY MEDICAL TREATMENT</b> (Required for admission to Child Care/Preschool)		
I do hereby give authority to the child care center staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.		
SIGNED _____	DATE _____	RELATIONSHIP _____

Was infant premature? ( ) YES ( ) NO If yes, how early? \_\_\_\_\_ Weight \_\_\_\_\_

Has child ever been hospitalized or operated on? ( ) YES ( ) NO Explain:

\_\_\_\_\_

Has child ever had a serious accident (broken bone, head injury, fall, burns, poisoning)?

( ) YES ( ) NO

Explain:

Has child ever had a serious illness? ( ) YES ( ) NO Explain:

Please explain any health problems/conditions your child may have, long term or chronic, age it began and treatment/medication.

**SOCIAL/EMOTIONAL BEHAVIORAL CHECKLIST**

- Sucks Thumb \_\_\_                      Sleeps Poorly \_\_\_                      High Activity Level \_\_\_
- Distractible \_\_\_                      stubborn \_\_\_                      Plays well with Peers \_\_\_
- Adapts Easily \_\_\_                      Affectionate \_\_\_                      Potty Trained \_\_\_
- Nightmares \_\_\_                      Eats Poorly \_\_\_                      Temper Tantrums \_\_\_
- Nervous \_\_\_                      Tires Easily \_\_\_                      Even Tempered \_\_\_
- Curious \_\_\_                      Talkative \_\_\_                      Sense of Humor \_\_\_
- Withdraws \_\_\_                      Shares \_\_\_                      Prefers to Play Alone \_\_\_
- Aggressive \_\_\_                      Impulsive \_\_\_                      Difficulty Speaking \_\_\_

Briefly explain in order to help us understand your child.

---



---



---



---



---



---



---



---

## Walk Authorization

I \_\_\_\_\_, hereby give permission for my son/daughter \_\_\_\_\_ to participate in walking trips with Angels in the Gardens during school hours. I understand students will be properly supervised at all times.

## Photo Release

### Please check the Following

\_\_\_\_ I \_\_\_\_\_ authorize Angels in the Gardens to photograph my child for childcare project purposes, advertisements, and shutterfly.

\_\_\_\_ I do not authorize Angels in the Gardens to photograph my child for childcare project purposes, advertisements, school website, and shutterfly.

**Angels in the Gardens Child Care Corp.**  
**Policy Agreement Form**

**Please read and sign below acknowledging that you have answered all the questions above to your best awareness and understanding and that you agree and will abide by our policies below**

1. Angels in the Gardens is not responsible for any personal belongings; clothing, shoes, jewelry, toys etc. **Please remember to LABEL your child's individual belongings.** We have the right to discard any soiled clothing due to sanitary purposes.
2. Tuition is due on the first day of the week your child attends school. There will be a late fee of \$5 each day tuition is outstanding. Statements will be emailed. After 3 notices tuition will go into collection. (No personal checks or credit cards accepted). Tuition is accepted in Cash or Money Order.
3. There is a Non-Refundable once a year enrollment and registration fee of \$150 due upon your child's enrollment date. (which can be paid in Cash or via Venmo @Angelsinthegardens) Please put your child's first name and DOB.
4. Angels in the Gardens requires a two week security payment upfront, which is non-refundable. This payment goes towards your last two weeks tuition if you stay until the end of the school year. If you wish to cancel enrollment please email [childcare@angelsinthegardens.com](mailto:childcare@angelsinthegardens.com) two weeks prior cancellation in order to use your 2 week security.
5. Tuition is due at all times during the school year from September through June. Payment obligations are based on the hours you agree to facilitate in our program, not the actual hours of attendance. You must pay for the days your child is out sick or on vacation/holiday/snow, and school holidays. There will be no make-up days for snow, sick, vacation days or holidays.
6. **PLEASE REFER TO AND SIGN OUR COVID 19 SAFETY AND HEALTH GUIDELINES FORM FOR FURTHER INFORMATION REGARDING OUR HEALTH SCREENING/SICK POLICY.**
7. As per NYC mandate all students must receive the Dtap, poliovirus, MMR, varicella and hepatitis B, and yearly flu vaccines.
8. Angels in the Gardens requires a doctor's note if your child has been diagnosed with strep throat, pink eye, influenza, or any other communicable disease. Without a doctor's note stating the wellness of your child, we cannot allow their attendance back to school. (Please understand this is for the consideration of your child's fellow classmates and teachers' well-being).
9. Angels in the Gardens Child Care Corp. has the right to terminate your child's enrollment at any time.
10. Each child is under an evaluation period for the first month. If at any time there is a difficult issue or transition you will be advised to have your child professionally evaluated (a copy of evaluation must be submitted to our center).
11. Angels in the Gardens Child Care Corp is open Monday – Friday, 7:30am-3:30 pm, if your child is picked up after 3:30pm you will be responsible to pay a late fee. Please keep in mind our staff members have other obligations such as school or other employment. This fee will be given to them for watching over your child after the center is closed.

I (Parent/Guardian print name) \_\_\_\_\_ have answered all the above questions to my best knowledge and agree to abide by Angels in the Gardens Child Care Corp. policies above.

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_