



85 Greenway South  
 Forest Hills Gardens, NY 11375  
 angelsinthegardens.com  
 (718) 997-0990 [childcare@angelsinthegardens.com](mailto:childcare@angelsinthegardens.com)  
**SEPTEMBER 2025-JUNE 2026 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<br/>½ Day Class<br/>8:00am-11:00am</b>         | 5 Days<br>\$350/week                                 | 3 Days (M,W,F)<br>\$275 week | 2 Days (T, TH)<br>\$220/week |
| <b>2 Year Old<br/>Full Day<br/>8:15am-2:15pm</b>             | 5 Days<br>\$450/week                                 | 3 Days<br>\$350/week         | 2 Days<br>\$250/week         |
| <b>3 Year Old<br/>Full Day<br/>8:45am-2:30pm</b>             | 5 Days<br>\$450/week                                 | 3 Days<br>\$350/week         | 2 Days<br>\$250/week         |
| <b>Early drop off/later<br/>pick-up<br/>7:30 AM - 3:30PM</b> | 5 Days<br>early and late<br>\$50/week<br>(flat rate) | \$25 early drop off 7:30     | \$25 late pickup 3:30        |

**\$200 Registration Fee (non-refundable) if submitting via venmo include \$5 surcharge  
 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: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

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

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

Parent's Name: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

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

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

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

Parent's DOB: \_\_\_\_\_

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

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

Please list any your child's **ALLERGIES: ALLERGY ACTION FORM MUST BE COMPLETED**

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### **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: \_\_\_\_\_

### **Walk Authorization**

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

### **Consent for Emergency Medical Treatment (required for admission to childcare/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

### **Photo Release**

#### **Please check the Following**

I \_\_\_\_\_ authorize Angels in the Gardens to photograph my child for childcare project purposes, school advertisements and access to family photo sharing (password protected).  
\_\_\_\_\_ I do not authorize Angels in the Gardens to photograph my child any of the above purposes

## **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:

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

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## **FAMILY HISTORY**

Significant birth history/ premature? ( ) YES ( ) NO If yes, how early? \_\_\_\_\_

Any history of hospital stays or operations? ( ) YES ( ) NO Explain:

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Any serious accidents(broken bone, head injury, fall, burns, poisoning)? ( ) YES ( ) NO

Explain: \_\_\_\_\_

Has your 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. (Additional health form /clearance may be required)

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Do you have concerns about your child's development? If so briefly explain,

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Has your child been evaluated for related services (OT, PT, SPEECH, SPECIAL INSTRUCTION)?

( ) YES ( ) NO

Please share the recommendations from this evaluation and provide reports to the office to be kept in your child's file.

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**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. Tuition is due on the first day of the week your child attends school, you may set up bi-weekly or monthly payments at the beginning of each month. 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, Certified Bank Check mailed from your bank or Money Orders. Electronic payments are not accepted for tuition payments.**
2. There is a Non-Refundable once a year enrollment and registration fee of \$200 due upon your child's enrollment date. (which can be paid in Cash , Check, or Via Venmo@angelsinthegardens)
3. Angels in the Gardens requires a two week security payment at the beginning of your child's enrollment, which is non-refundable. (refer to next page for more info)
4. 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/weather emergencies, and school holidays. There will be no make-up days for sick, vacation days, holidays, snow/inclement weather emergencies, flooding/power outages, etc.**
5. As per NYC mandate all students must receive the Dtap, poliovirus, MMR, varicella and hepatitis B, and yearly flu vaccines. DOCUMENTATION MUST BE PROVIDED FOR YOUR CHILD TO ATTEND
6. Angels in the Gardens requires a doctor's note if your child has been diagnosed with strep throat, pink eye, influenza, Covid 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).
7. 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.
8. Angels in the Gardens Child Care Corp. has the right to terminate your child's enrollment at any time.
9. If your child is currently receiving early intervention services please provide a copy of the evaluation reports and frequency/duration of services.
10. Each child is under an evaluation period for the first month. If there are concerns about a child's development, parents will be referred to the school district's CPSE or for early intervention supports.
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.
12. I have read through the parent handbook and am familiar with the school's policies and foundations.

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: \_\_\_\_\_



### **2 WEEK POLICY AGREEMENT**

Angels in the Gardens requires a two week security payment upfront, which is non-refundable. In this agreement we ask that you pay your two weeks security upfront. If you stay with us until the remainder of the year, this payment will go towards your last two weeks of payment in June. Please email at least 2 weeks prior to [childcare@angelsinthegardens.com](mailto:childcare@angelsinthegardens.com) if you wish to give your notice.

I \_\_\_\_\_ the Parent/Guardian of \_\_\_\_\_  
am aware of Angels in the Gardens 2 week policy. I will abide by the agreement  
and email a notice at least 2 weeks prior in advance if I no longer wish to use  
Angels in the Gardens services.

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