



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

SEPTEMBER 2026-JUNE 2027 ENROLLMENT APPLICATION

Child's Name: _____ Date of Birth: _____

Program Option Selection

2-Year-Old Half Day (8:30 AM – 11:30 AM)

☐ 5 Days \$350/week ☐ 3 Days (M/W/F) \$275/week ☐ 2 Days (T/Th) \$200/week

2-Year-Old Full Day (8:00 AM – 2:00 PM)

☐ 5 Days \$450/week ☐ 3 Days (M/W/F) \$350/week ☐ 2 Days (T/Th) \$250/week

3-Year-Old Full Day (8:30 AM – 2:15 PM)

☐ 5 Days \$450/week ☐ 3 Days (M/W/F) \$350/week ☐ 2 Days (T/Th) \$250/week

3-Year-Old Half Day (8:30 AM – 12:00 PM)

☐ 5 Days \$350/week ☐ 3 Days (M/W/F) \$275/week ☐ 2 Days (T/Th) \$200/week

Extended Care Options

☐ Early Drop-Off & Late Pick-Up (7:30 AM – 3:30 PM): \$50/week

☐ Early Drop-Off Only (7:30 AM): \$25/week

☐ Late Pick-Up Only (3:30 PM): \$25/week

Fee due at registration

- **\$200 Non-Refundable Registration Fee**
(Cash, Check, or Venmo@angelsinthegardens — \$5 surcharge for Venmo)

Childcare Enrollment Application (Confidential – For Administrative and Licensing Purposes Only)

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____ EMAIL: _____

Employment: _____ Cell Phone #: _____

Parent's DOB: _____ Parent's SSN (used for delinquent payments)#: _____

Parent/Guardian 2: _____ EMAIL: _____

Employment: _____ Cell Phone #: _____

Parent's DOB: _____ Parent's SSN #: _____

Physician of Child: _____ Phone #: _____

***Medical Documentation Requirement**

An annual medical form, completed and signed by a licensed healthcare provider, must be submitted on or before your child's first day of attendance.

This includes documentation of:

- ☐ Routine immunizations
- ☐ Annual influenza (flu) vaccination
- ☐ Any allergies or chronic health conditions

Failure to provide the annual medical form will prevent your child from attending until it is on file.

Please list **all** of your child's allergies below.

If an allergy is listed, an Allergy Action Form must be completed. If your child has been prescribed an EpiPen and/or asthma inhaler, one labeled device must be provided to the school before attendance.

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: _____ Phone#: _____

Relationship: _____

2. Name: _____ Phone#: _____

Relationship: _____

3. Name: _____ Phone#: _____

Relationship: _____

4. Name: _____ Phone#: _____

Relationship: _____

If someone not listed above will be picking up your child, you must notify the school in writing in advance. The individual picking up your child must present a valid photo ID at the time of pickup.

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

Child & Family Information

Previous Enrollment

Has your child attended another center? ☐ Yes ☐ No **Date:** _____

Center Name: _____

Language

Primary language(s) spoken at home: _____

Does your child speak more than one language? ☐ Yes ☐ No **If yes, which?** _____

Family Information

Marital Status: ☐ Married ☐ Divorced ☐ Widowed ☐ Single

Lengthy separation from parent/guardian? ☐ Yes ☐ No

If yes, please explain circumstances and duration: _____

Atypical family circumstances or challenges since birth: _____

Birth & Medical History

Significant birth history / premature? ☐ Yes ☐ No *If yes, how early?* _____

Hospital stays or surgeries? ☐ Yes ☐ No *If yes, please explain:* _____

Serious accidents (broken bones, head injury, burns, poisoning)? ☐ Yes ☐ No *If yes, please explain:* _____

Serious illnesses? ☐ Yes ☐ No *If yes, please explain:* _____

Long-term or chronic health conditions / medications: _____

Developmental Concerns: ☐ Yes ☐ No

If yes, please explain: _____

Evaluated for Related Services (OT, PT, Speech, Special Instruction): ☐ Yes ☐ No

If yes, please provide recommendations or notes: _____

Please tell us a little about your child and your goals for the year ahead.

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 a weekly basis, on the first day of the week your child attends school, unless you choose to set up bi-weekly or monthly payments at the beginning of each month. There will be a \$5 late fee per day for any outstanding tuition. Late payment statements will be emailed, and after 3 notices, tuition may be sent to collections. Payments are accepted in Cash, Certified Bank Check mailed from your bank, or Money Orders. If mailing checks from your bank, please schedule them to arrive on or before the week of attendance. No personal checks, credit cards, or electronic payments are accepted. Receipts are sent home weekly, and annual invoices can be provided for childcare tax reimbursement purposes.
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 Policy:** Tuition is due throughout the school year, from September through June. The total annual tuition is divided into weekly payments. Payment is based on the schedule you enroll your child for, not on actual attendance. Tuition is required for all days, including when your child is absent due to illness, vacation, school holidays, or closures due to snow, inclement weather, power outages, or other emergencies. Please note that make-up days are not provided
5. **Immunization Requirements:** In accordance with NYC regulations, all students must receive all required vaccinations and the annual flu vaccine. Up-to-date documentation of all required immunizations must be provided for your child to attend.
6. **Health and Attendance** Angels in the Gardens requires a doctor's note if your child has been diagnosed with strep throat, pink eye, influenza, COVID-19, or any other communicable disease. Your child may not return to school without a doctor's note confirming they are well. This policy is in place to protect the health and well-being of all students and staff.
7. **Personal Belongings** Angels in the Gardens is not responsible for personal items such as clothing, shoes, jewelry, or toys. Please **label all belongings**. We reserve the right to discard any soiled clothing for sanitary reasons.
8. **Enrollment** Angels in the Gardens Child Care Corp. reserves the right to terminate a child's enrollment at any time.
9. **Early Intervention** If your child is receiving early intervention services, please provide a copy of evaluation reports and details regarding the frequency and duration of services.
10. **Evaluation Period** Each child is under an initial evaluation period during the first month of enrollment. If concerns about a child's development arise, parents may be referred to the school district's CPSE or early intervention support.
11. **Hours and Late Pick-Up** Angels in the Gardens is open Monday–Friday, 7:30 a.m.–3:30 p.m. A late fee of \$1 per minute will apply if your child is picked up after 3:30 p.m. This fee compensates staff who stay beyond their scheduled hours to supervise your child.
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 non-refundable two-week security payment on your child's first day of school. This payment will be applied to your child's last two weeks of tuition if you remain enrolled through the end of the school year.

If you wish to withdraw your child, please provide at least two weeks' notice by emailing childcare@angelsinthegardens.com. You may then use your 2 week deposit.

Acknowledgment

I, _____, the Parent/Guardian of _____, acknowledge and agree to Angels in the Gardens' two-week policy. I understand that I must provide at least two weeks' notice by email if I choose to end my child's enrollment.

Parent/Guardian Signature _____ Today's Date _____