



BEAUTIFUL MINDS CHILDCARE

62-02 Myrtle Avenue

Ridgewood, NY 11385

(347) 987-3270

BeautifulMindsNYC@gmail.com

## APPLICATION FOR ADMISSION

### Child Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may  
Require: \_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Parent/Guardian Information

#### Mother/Guardian

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Marital Status :  Married  Single  Divorced  Separated  Widowed  Other

**Father/Guardian**

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Marital Status :  Married  Single  Divorced  Separated  Widowed  Other

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Number \_\_\_\_\_

Name: \_\_\_\_\_ Number \_\_\_\_\_

**Full name of adult who is allowed to pick up child if parent cannot:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* The authorized individual will be asked and must show a photo ID at time of pick up.

**Tuition / Payment Information:**

Please outline below whom is responsible for monthly payment of tuition and fees.

Please fill out if parents split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT CONSENT FORM

### Medical Care Consent

I, \_\_\_\_\_ hereby authorize *Beautiful Minds Childcare* to seek medical attention for my child \_\_\_\_\_ in case of an emergency.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Community Walks Consent Permission Slip

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to go on neighborhood trips with the daycare's staff while he/she is in attendance. Such trips include but are not limited to the playground, library, and walks/activities around the neighborhood.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Picture Release Form

I \_\_\_\_\_ authorize *Beautiful Minds Childcare* to take and publish pictures of my child \_\_\_\_\_ while at care for promotional and decorative use of the center.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



Find us on:  
**facebook®**

**BEAUTIFUL MINDS CHILDCARE IS NOW ON FACEBOOK!!**

Dear Parents,

As a way to be more interactive with parents, families and the community, we have put together a Facebook page! The page will exhibit school activities, classroom themes, art projects, class outings, announcements, school closings (due to weather) and more! Parents, families and friends are encouraged to like and share our page.

*Our Facebook page is **BEAUTIFUL MINDS CHILDCARE @BeautifulMindsNYC***

**Child's Name:** \_\_\_\_\_

\_\_\_\_\_ I give *Beautiful Minds Childcare* permission to post pictures of my child on the *Beautiful Minds Childcare* Facebook/Instagram page and the website.

\_\_\_\_\_ I **DO NOT** give *Beautiful Minds Childcare* permission to post pictures of my child on the *Beautiful Minds Childcare* Facebook page.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_