



Rishon

Early Childhood Center

2989 Nostrand Avenue ® Brooklyn, NY 11229

Office use only:

- Full Day
- AM Only
- AM & PM
- PM Only

Payment: _____ Bal: _____

REGISTRATION FORM 2014

Child's First Name:	Child's Last Name:
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Gender:	DOB:
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Address:	Zip Code:	Phone:
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Parent/Guardian	Full Name	Relationship	Home Phone	Work Phone	Cell Phone
Father					
Mother					
Other					

Email Address:	Alternate Email Address:
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Does your child take medication or have allergies? If yes, explain the type of allergies or reason for the medication and how it is take. Any Serious injuries, illnesses or hospitalizations?

Child's Doctor:	Doctor's Phone #:
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Is your child toilet trained? Y or N Languages spoken: 1. _____ 2. _____

Do both parents live with the child? Y or N

If not, what is the arrangement?

Agreement: Rishon Early Childhood Center reserves the right to curtail services due to non-payment or other circumstances determined by Rishon Early Childhood Center after due notification to the parent or legal guardian. Refunds in such an event are at the sole discretion of Rishon Early Childhood Center. Children cannot participate unless all necessary information (medical forms) are submitted. I allow the use of photographs containing my child(ren) to be used in future publicity material. I understand and authorize Rishon Early Childhood Center to make all necessary decisions in the event of an emergency, when I or the emergency contact person(s) I have listed are not available.

Signature of Parent or Guardian _____ **Date** _____

