



East 120th Street (Between 1st and Pleasant ave)
New York, NY 10035

APPLICATION: ONE-TIME FEE: \$ 100.00

When are you looking to start? _____

Child's name: First _____ (Middle) _____ Last _____

Date of Birth: _____ Place of Birth: _____ Sex: ____ Age on Sept 1: ____ yr. ____ months

Street Address: _____ City: _____ Zip Code: _____

Guardian 1: <input type="checkbox"/> Mother <input type="checkbox"/> Father
First & Last name: _____
Cell number: (_____) _____
Email: _____
Employer: _____
Business: (_____) _____

Guardian 2: <input type="checkbox"/> Mother <input type="checkbox"/> Father
First & Last name: _____
Cell number:(_____) _____
Email: _____
Employer: _____
Business: (_____) _____

Home phone#: (_____) _____

Does your child speak Spanish? (Y) (N) Do parents speak Spanish? (Y) (N)

If parents are not at same address, who should we address correspondence to?

In case of Emergency name of relative or friend who can be called if we are unable to reach you:

Name: _____ Telephone: (_____) _____

Street Address: _____ City: _____ Zip Code: _____

Contact info of Doctor to be called in case of Emergency: _____

SEPTEMBER- JUNE

- Five Days:** 8:00 am - 6:00 pm / 8:00 am- 1:00pm / 1:00pm to 6:00pm
- Three Days:** 8:00 am - 6:00 pm / 8:00 am- 1:00pm / 1:00pm to 6:00pm
- Two Days:** 8:00 am - 6:00 pm / 8:00 am- 1:00pm / 1:00pm to 6:00pm
- Afterschool** 3:00 pm-6:00pm: Monday through Friday

Do you authorize to administer all necessary?
Emergency and First Aid care for your child? (Y) (N)

List any allergies your child has, or medical conditions, seizures, Asthma, handicap, he/she has:

Does your child have any disability? (Y) (N) If yes, please specify_____

Any speech delays? (Y) (N) If yes, please specify_____

New York Department of Health requires that all children are vaccinated for school entrance.

Do you vaccinate your child? (Y) (N)

I, hereby, authorize Pequenines to provide care for my child.

I declare to the best of my knowledge that all the statements made in this application are true.

First & Last name (Guardian 1): _____ First & Last name (Guardian 2): _____

Signature: _____ Signature: _____

Date: _____ Date: _____