



Sunny Skies Preschool

A multicultural center for children of the world

REGISTRATION & WAITING LIST FORM

**SELECT LOCATION:**  Sunset Park  Borough Park  Midwood  
 Lower East Side  Canarsie

Admission Date \_\_\_\_\_  
Hours in Care: \_\_\_\_\_

**Child**

Firstname \_\_\_\_\_ M \_\_\_\_\_ Lastname \_\_\_\_\_ Sex  M  F  
Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Birthplace \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
Last four numbers of Social Security. \_\_\_\_\_

Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Distinctive Marks: \_\_\_\_\_

Parents:  Married  Divorced  Separated  Widowed  Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Email		
<b>Social Security Number</b>		
Home Address (If different from child address above)	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Employer		
Work Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____

If parents divorced, child lives with:  **Both parents**  **Mother**  **Father**  **Legal Parent/Guardian**

If parents divorced, legal guardian is:  **Mother**  **Father**  **Legal Guardian**

If legal guardian is not parent please fill in the following:

Legal Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

List the name and birthdate of all children living in your home:

Name	DOB	Are they currently in daycare?

<b>Child's Doctor</b> (or clinic):	Doctor	Dentist
Doctor or Clinic		
Preferred Practitioner:		
Address:	Street _____ City _____ State ___ Zip _____	Street _____ City _____ State ___ Zip _____
Telephone Number:		

**Please fill out all that apply:** (Check one)

Any medical problems:  Yes  No \_\_\_\_\_

Medications:  Yes  No \_\_\_\_\_

Allergies:  Yes  No \_\_\_\_\_

**Emergency Contact Information**

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Address	Street _____ City _____ State ___ Zip _____	Street _____ City _____ State ___ Zip _____
Home Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

**Pick-Up Information**

The following people HAVE permission to pick-up the child/children named below from the childcare home of (Sunny Skies Preschool). It is the parent's responsibility to notify me in writing of any changes.

	Person 1	Person 2
Name		
Relation		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Phone		
Email		
Car (Make, Model, Tag)		
Code Word		
	Person 3	Person 4
Name		
Relation		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Phone		
Email		
Car (Make, Model, Tag)		
Code Word		

**The following people MAY NOT pick-up my child(ren) from (Sunny Skies Preschool)**

	Person 1	Person 2
Name		
Relation		
Address	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Phone		
Car (Make, Model, Tag)		

Note: Any person unfamiliar to me will be required to show proof of identification and state the code word. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
(Your Daycare name goes here)	Date

Sunny Skies Preschool  
4228 10<sup>th</sup> Avenue  
Brooklyn NY 11219  
718-438-7040

Sunny Skies Preschool  
4301 10<sup>th</sup> Avenue  
Brooklyn NY 11219  
718-438-7040

Sunny Skies Preschool  
2585 Coney Island Avenue  
Brooklyn NY 11223  
718-891-8080

Sunny Skies Preschool  
112 Ridge Street  
New York, NY 10002