

Application for After School Admission

(To be submitted with a copy of your child's Birth Certificate)

Please print.
AFTER SCHOOL!



I wish to enroll my child in the following location: 21-25 21st avenue (Pick Up at PS 122)

Child's Name: _____ Sex: M _____ F _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____

Parent Name (1): _____

Parent Name (2): _____

Address: _____
 (If diff. from child) _____

Address: _____
 (If diff. from child) _____

home phone: _____
 cell phone: _____

home phone: _____
 cell phone: _____

e-mail address: _____

e-mail address: _____

employer: _____
 position: _____
 work phone: _____

employer: _____
 position: _____
 work phone: _____

Requested Schedule: Full-After School
 2 Hours – After School

Days Requested: Monday Tuesday Wednesday Thursday Friday
 (3 or 5 days)

★ I consent to the enrollment of the child listed above in this facility. I have been advised of the policies and guidelines of the school including those regarding fees and services provided by the school. I agree to provide information on my child's special needs (allergies, dietary restrictions, and/or medical information, etc.) and update this information in writing as may be necessary to assist the facility in properly caring for my child in case of an emergency. I give consent for my child to take part in neighborhood trips (i.e. park and playground) away from the facility under proper supervision.

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: ✕ _____ Date: _____

★ I would like to be included in the school's family roster and give consent to provide my name, phone number, and e-mail address to the rest of the parents in my child's class. Yes No

★ I give Kid Krazy Inc. permission to use my child's picture for promotional and marketing purposes. I understand all photos are owned by Kid Krazy, Inc. and its' owner.

Parent/Guardian Signature: ✕ _____

How did you hear about Kid Krazy?

