



Brooklyn Tots Academy
2211 Coney Island Avenue
Brooklyn, NY 11223
Tel: (718) 375-2002

APPLICATION TO ADMISSION

Child's Name: _____ Sex: _____

Birthdate: _____ Toilet Trained: Yes / No

Medical Allergy Information:

Parents / Guardians

(1) First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

(2) First Name: _____ Last Name: _____

Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____



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Other Emergency Contact:

Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____

Authorization for Pick Up:

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). The authorized individual MUST show I.D. In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

Name:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Information:

Doctor: _____ Office Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Immunization:

The Health Dept. requires that we have a photocopy of your child's recent immunization record in our files. Please complete and send us a medical form to be included in our folder. If you do not have the proper immunizations child will not be admitted to our facility.



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Signatures:

I attest that the above information is correct and I am aware of Brooklyn Tots Academy's Rules and Policies.

Parent/Guardian (1)

Parent/Guardian (2)

Date: _____

Date: _____