



A Modern Child Care Facility
Meeting The Needs Of Today's Busy Families

for kids only inc.

577 NORTH STATE ROAD BRIARCLIFF MANOR, NY 10510

(914) 923-1889

FKO CHILD CARE REGISTRATION APPLICATION

CHILD'S NAME _____ **DATE OF BIRTH** _____

***SPECIAL NEEDS:** _____ ***ALLERGIES:** _____

PROGRAM DESIRED: Infant (3-18mo) Toddler (18-35mo) Pre-School (3-5yrs) School-Aged Full-Time Part-Time Nursey (9am-12pm)

DAYS REQUIRED: MON TUES WED THUR FRI FULL DAY 1/2 DAY **EXTENDED HOURS** YES NO

(NURSEY ONLY AFTER 12 NOON)

WILL YOU REQUIRE "FULL-DAY" COVERAGE WHEN SCHOOL IS NOT IN SESSION? YES NO

REQUIRED PROGRAM START DATE: _____ **START TIME:** _____

(CHECK BOX IF ADDRESS IS THE SAME FOR BOTH PARENTS AND FILL IN JUST ONE PARENT NAME/ADDRESS)

MOTHER'S NAME _____ **FATHER'S NAME** _____

ADDRESS _____ **ADDRESS** _____

CITY _____ **ST** _____ **ZIP** _____ **CITY** _____ **ST** _____ **ZIP** _____

PHONE# (cell) _____ **(home)** _____ **PHONE# (cell)** _____ **(home)** _____

E-MAIL ADDRESS: _____ **E-MAIL ADDRESS:** _____

(ALTERNATE EMERGENCY CONTACT PERSON(S) NAME: _____ **PHONE:** _____)

WORK DETAIL (FOR EMERGENCY CONTACT ONLY)

MOM'S BUSINESS NAME _____ **DAD'S BUSINESS NAME** _____

ADDRESS _____ WORK PHONE _____ **ADDRESS** _____ WORK PHONE _____

CITY _____ **ST** _____ **ZIP** _____ **CITY** _____ **ST** _____ **ZIP** _____

***ADDITIONAL INFORMATION (IF NEEDED):**

PARENT(S) SIGNATURES HERE >>>>>

DATE:

A NON-REFUNDABLE \$125.00 "APPLICATION DEPOSIT" MUST ACCOMPANY THIS FORM

EACH ADDITION SIBLING(S) OF SAME IMMEDIATE FAMILY WILL RECEIVE A DISCOUNT, PLEASE CALL OUR OFFICE FOR MORE DETAILS AND PRICING