

BAY ONE PRESCHOOL

7106 3 AVENUE

BROOKLYN, NY 11209

Media Permission Form

CHILD'S NAME: _____

CHILDREN LOVE TO SEE PHOTOS OF THEMSELVES AND THEIR FRIENDS. WE SOMETIMES USE PHOTOS TO RECORD OUR PROJECTS, AS PARTS OF OUR LEARNING GAMES/ACTIVITIES, AS LABELS AROUND THE CLASSROOM. WE ALSO SEND MANY PHOTOS HOME WITH PARENTS WHEN WE ARE DONE WITH THEM. PLEASE INDICATE IF YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTO TO BE TAKEN FOR CLASSROOM USE.

_____ NO, I DO NOT GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED.

_____ YES, I DO GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED.

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

Bay One Preschool Registration Form

Date of Admission: ____/____/____

| | | | | | |
|--|-------------|--|-----------------------|------------|--|
| (Last) | (First) | | | | |
| Child's name: _____ | | Date of Birth : _____ | Gender : _____ | | |
| Home Address: | | | | | |
| (No.) | (Street) | (City) | (State) | (Zip Code) | |
| _____ | | | | | |
| Mother / guardian full name: _____ | | Home phone: _____ | | | |
| Cell phone: _____ | | Work phone: _____ | E-mail: _____ | | |
| Employer's name and address: | | | | | |
| _____ | | | | | |
| Father/ guardian full name: _____ | | Home phone: _____ | | | |
| Cell phone: _____ | | Work phone: _____ | E-mail: _____ | | |
| Employer's name and address: | | | | | |
| _____ | | | | | |
| Emergency contact: | | | | | |
| Name: _____ | | Relationship: _____ | Phone: _____ | | |
| Attendance: | | | | | |
| <input type="checkbox"/> UPK Program (8am to 2:20pm, Mon to Fri) | | <input type="checkbox"/> Summer Program (9am to 3pm, 5 days/week, 3 days/week, 2 days/week) | | | |
| <input type="checkbox"/> After school (2:30 to 6 pm, 5 days/week, 3 days/week, 2 days/week) | | <input type="checkbox"/> Summer Program (9am to 12pm, 5 days/week, 3 days/week, 2 days/week) | | | |
| <input type="checkbox"/> Early care (7:30am to 8am, Monday to Friday) | | | | | |
| Authorization to release: The following individuals, other than guardian(s) listed above, will be allowed to pick up your child from our center. Special exceptions can be made by written consent. Please have them present their ID upon arrival. | | | | | |
| | Name | Relationship | Phone | | |
| 1) | _____ | _____ | _____ | | |
| 2) | _____ | _____ | _____ | | |
| 3) | _____ | _____ | _____ | | |
| Medical information: | | | | | |
| Physician's name: _____ | | Physician's phone number: _____ | | | |
| Does your child have any allergies? _____ | | | | | |
| Does your child have any special needs? _____ | | | | | |
| CONSENT FOR EMERGENCY MEDICAL TREATMENT. | | | | | |
| I do hereby give authority to the day care program staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible. | | | | | |
| Parent/ guardian's signature: _____ | | Relationship to child: _____ | Date: _____ | | |