MOMMY DAYCARE, LLC

nurturing young minds and souls

891 Avenue Z
Brooklyn, NY 11235
Tel: 718-339-5777
Cell: 917-774-1344

WELCOME!

Let me be the first to welcome you into our community. Mommy Daycare has been satisfying Brooklyn's childcare needs for over 15 years. We are appropriately licensed and fully insured. Over the years, we have graduated hundreds of children who have gained admission into NYC's gifted and talented program as well as other aptitude based educational programs. We offer an educational curriculum that meets or exceeds the standards set by the State of New York. Our teachers are certified in early childhood education and early childhood education of children with special needs.

Our mission is to provide quality, yet affordable, cognitive based childcare and early education that meets or exceeds the standards of this state as well as the No Child Left Behind Act of 2001. We help develop skills that children will need to become fully independent adults. We also help foster a sense of community and friendship to assist children on their path to becoming responsible citizens. Our staff works diligently to nurture young minds and souls.

Sincerely,

s/ Magdalina Braun

Magdalina Braun, Director

MOMMY DAYCARE REGISTRATION FORM
CHILD INFORMATION

LAST NAME:	
FIRST NAME:	MIDDLE NAME:
NICKNAME:	
DATE OF BIRTH:	
NAMES OF SIBLINGS AND BIRTH DATES:	

PARENT OR GUARDIAN INFORMATION

(1) LAST NAME:	FIRST NAME:
RELATIONSHIP TO CHILD (circle one): MOTHER FATHER OTHER (specify):_____	
ADDRESS:	
CITY:	ZIP CODE:
PRIMARY PHONE:	
YOUR EMAIL: **Pleas provide at least one**	
YOUR EMPLOYER'S NAME:	YOUR EMPLOYER'S ADDRESS

(2) LAST NAME:	FIRST NAME:
RELATIONSHIP TO CHILD (circle one): MOTHER FATHER OTHER (specify):_____	
ADDRESS:	
CITY:	ZIP CODE:
PRIMARY PHONE:	
YOUR EMAIL: **Pleas provide at least one**	
YOUR EMPLOYER'S NAME:	YOUR EMPLOYER'S ADDRESS

OTHER EMERGENCY CONTACT INFORMATION

(1) LAST NAME:	FIRST NAME:
RELATIONSHIP TO CHILD (PLEASE SPECIFY)	
EMERGENCY CONTACT'S PHONE NUMBER	
(2) LAST NAME:	FIRST NAME:
RELATIONSHIP TO CHILD (PLEASE SPECIFY)	
EMERGENCY CONTACT'S PHONE NUMBER	

AUTHORIZATION FOR PICK UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). 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. PHOTO ID WILL BE REQUIRED FOR PICKUP BY NON-PARENT/GUARDIAN

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

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will NOT be released.

Signature:_____   Date:_____

MEDICAL INFORMATION AND RELEASE

PEDIATRIAN'S NAME:

ADDRESS: OFFICE PHONE:

MEDICAL INSURANCE COMPANY:

LIST CHILD'S ALL KNOWN ALLERGIES (if any):

LIST ALL MEDICAL CONDITIONS AND/OR PROBLEMS (if any):

IMMUNIZATION:
New York law requires that we have a photocopy of your child's most recent immunization records. Accordingly, please request your child's immunization records from your child's doctor and include a copy with this registration form.

MEDICAL RELEASE:

I, _____, AM THE PARENT OR LEGAL GUARDIAN OF _____ AND HEREBY CONFIRM THAT THE AFOREMENTIONED CHILD IS IN GOOD PHYSICAL CONDITION AND HAS BEEN EXAMINED BY A PHYSICAN WITHIN THE PAST SIX MONTHS, AND IN IS IN GOOD HELATH AND ABLE TO PARTICIPATE IN GENERAL EDUCATIONAL, RECREATIONAL AND PHYSICAL ACTIVITIES.

(1) **SIGNATURE:**   DATE:

CHILD ASSESSMENT

IS YOUR CHILD POTTY TRAINED?   YES _____   NO _____

IS YOUR CHILD ABLE TO SELF FEED? YES_____   NO_____

DESCRIBE ANY SPECIAL LIKES OR DISLIKES THAT YOUR CHILD HAS:

SIGNATURE: DATE:

EMERGENCY CONSENT

It is our policy to notify a parent or guardian when a child is ill or needs medical attention. Occasionally, however, we cannot contact a parent, guardian or emergency contact but we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency room.

Please sign below so that we can take appropriate action on behalf of your child.

I/WE HEREBY GRANT MY/OUR CONSENT FOR MY/OUR CHILD _____, WHEN ILL OR INJURED TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY OUR STAFF WHEN WE CANNOT BE CONTACTED. I FURTHER CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I AGREE THAT MOMMY DAYCARE, LLC AND ITS STAFF WILL NOT BE HELD LIABLE FOR ANY COSTS INCURRED FOR THE TRANSPORT AND/OR TREATMENT OF THE CHILD

(1) **SIGNATURE**:	DATE:
(2) **SIGNATURE**:	DATE:

AUTHORIZATIONS

ACTIVITY AUTHORIZATION:

I HEREBY GRANT PERMISSION FOR MY CHILD TO USE THE PLAY EQUIPMENT AND PARTICIPATE IN ALL EDUCATIONAL, RECREATIONAL AND PHYSICAL ACTIVITIES.

I UNDERSTAND THAT RIDING TOYS, SLIDES, LARGE CLIMBERS, CHAIRS, SPRINKLERS, SAND BOXES AND OTHER TOYS ARE USED ON A REGULAR BASIS.

I ALSO UNDERSTAND THAT HELMETS, KNEE AND ELBOW PADS WILL NOT BE PROVIDED BY MOMMY DAYCARE, LLC.

Comments or concerns as noted by parent/guardian:_____
_____

PHOTOS/VIDEOS AUTHORIZATION:

At any time in our program, we may take photographs or videos of the children in our care during activities and on field trips. These photos or videos may be used in advertising and promoting our programs for future use. We will never sell or permit any entity other than Mommy Daycare, LLC to use such photos or videos. Please notify the Program Director if you have any concerns/questions regarding our imaging policy.

Comments or concerns as noted by parent/guardian:_____
_____

SLEEPING AND NAPPING ARRANGEMENT:

I understand that my child will be napping at an appropriate time while in the care of Mommy Daycare, LLC. I further understand that my child will be sleeping/napping on a cot. I further understand that my child will be appropriately supervised during this time.

Comments or concerns as noted by parent/guardian:_____
_____

(1) **SIGNATURE**:	DATE:
(2) **SIGNATURE**:	DATE:

TRANSPORTATION AUTHORIZATION (only fill this section out if requesting transportation services):

I HEREBY REQUEST AND GRANT PERMISSIOON TO MOMMY DAYCARE, LLC TO TRANSPORT BY CHILD FROM (specify pick-up location)_____ TO (specify drop-off location) _____ AT AN ADDITIONAL COST AND TIME TO BE AGREED UPON.

I UNDERSTAND THAT I AM RESPONSIBLE FOR PROVIDING AN APPROPRIATE CAR SEAT OR BOOSTER SEAT FOR MY CHILD.

Comments or concerns as noted by parent/guardian:_____
_____
_____

(1) **SIGNATURE**:	DATE:
(2) **SIGNATURE**:	DATE: