

Little Stars
4063 Edson Avenue
Bronx, N.Y. 10466

Little Stars Too
1083 Allerton Avenue
Bronx, N.Y. 10469

Little Stars Three
1420 Burke Avenue
Bronx, N.Y. 10469

APPLICATION FOR ADMISSION (6 Week – 2 Year Old)

Student's Full Name _____ **Birth date:** _____

Home Address: _____

Mother or Guardian's Name _____

Home Phone Number _____ Cell# _____

Email Address: _____

Social Security# _____

Employer _____

Address _____

Position _____ Tel & Code: _____

Facebook Address _____

Father's Name _____

Home Phone Number _____ Cell# _____

Social Security # _____

Email Address: _____

Employer _____

Address _____

Position _____ Tel & Code: _____

Facebook Address _____

How did you hear about our program? ___yellow pages___referral___website___other

Does child have any disability in speech, hearing, sight, muscular development, allergies, or dietary restrictions?

Do you anticipate your child having any specific problem adjusting to school? _____

Persons authorized to pick up child from school

_____ Relationship _____ Tel _____

_____ Relationship _____ Tel _____

_____ Relationship _____ Tel _____

_____ Relationship _____ Tel _____

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.

SIGNED _____ DATE _____ RELATIONSHIP _____