

BROOKLYN CHILD CARE, INC.
800 Poly Place
Brooklyn, NY 11209
718-630-2831

REGISTRATION FORM

Child's Name _____

Date of Birth _____ Home Phone _____

Address _____

e-mail address: _____

Mother's Name _____

Mother's Work Phone _____ Occupation _____

Mother's Date of Birth _____

Father's Name _____

Father's Work Phone _____ Occupation _____

Father's Date of Birth _____

Where did you hear about us? Flyers
 Web Site
 Banners

Current Health Insurance Information:

Name of carrier _____

Policy Number _____

Effective Date _____

Subscriber's Name _____

Primary Care Physician _____

(if applicable)

*** a copy of the card can be attached in lieu of this information**

Names of individuals authorized by the family to have access to health information about the child:

Name _____ **Relationship** _____

Name _____ **Relationship** _____

Name _____ **Relationship** _____