

GIL-BLU NURSERY AND KINDERGARTEN

120-02 MERRICK BOULEVARD

JAMAICA, NEW YORK 11434

TEL: 718-723-8454

FAX: 718-723-9364

School Hours : 7:00-6:00pm

ENROLLMENT APPLICATION

Child's Name: _____ **Date:** _____

I wish to register for: () Full Time () Part Time

Male _____ Female _____ Date of Birth _____

Home Address: _____

Home Phone# _____ Business Phone# _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Signature of parent/guardian _____ SS# _____

In case of emergency, notify _____ Phone _____

Second person to notify _____ Phone _____

Doctor's Name _____ Phone _____

TIME MEALS SERVED

Breakfast 8:00am-8:30am Lunch 12:00pm-12:30pm Afternoon snack 3:00pm-3:15pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M _____ Tu _____ W _____ Thr _____ Fri _____

What hours will your child usually be at the center? Arrive _____ am/pm

Depart _____ am/pm

What is child called? _____ Language Spoken: _____

Name of siblings(s): _____

Does the child have other children to play with? () Yes () No

Previous school or group experience:

Where? _____ When? _____

Any serious illness or accident? _____ If yes, describe _____

Is there anything else we should know about your child? _____

How did you hear about Gil-Blu? _____

***** PLEASE RETURN APPLICATION WITH REGISTRATION FEE*****

After 1 Year in Care

Is all of the above information still correct? Yes _____ No _____

If no, what has changed? _____

Signature of parent/guardian _____ Date _____