



BROOKLYN CHILD CARE, INC.

CHILD CARE CENTER REGISTRATION FORM

Located at the
VA NY Harbor Healthcare System
Brooklyn VA Medical Center Campus
800 Poly Place
Brooklyn, NY 11209
718-630-2831
917-613-6821
Tanya.lipkin@va.gov

Tanya Lipkin, Director

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

REGISTRATION FORM

Child's Name _____

Date of Birth _____ Home/ Cell Phone _____

Address _____

e-mail address: _____

Mother's Name _____

Mother's Work Phone/
Cell Phone

Occupation

Mother's Date of Birth _____

Father's Name _____

Father's Work Phone/
Cell

Occupation

Father's Date of Birth _____

Where did you hear about us?
 Flyers
 Web Site
 Banners

Child Allergies: Please list them here

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** _____

Persons other than parents who are authorized to pick up my child or to who Brooklyn Child Care, Inc. can contact in case of emergency:

1. Name _____ Phone _____

Relationship to Child _____

2. Name _____ Phone _____

Relationship to Child _____

3. Name _____ Phone _____

Relationship to Child _____

Child's Weekly Schedule:	Time Am	PM
Monday	_____	
Tuesday	_____	
Wednesday	_____	
Thursday	_____	
Friday	_____	

Fee \$ _____ per month
 Meals normally received while in daycare are Daily Breakfast and Snack.

Parent Signature _____

IT IS A POLICY OF THE BCCI NOT TO DESCRIMINATE AGAINST A PERSON AS TO THEIR RACE, COLOR, ANCESTRY, SEX, AGE, HANDICAP, OR NATIONAL ORIGIN.

4. Tell us about your child. How would you describe your child's personality? Any fears that we should be aware of?

5. Tell us about your child's favorite activities.

6. Tell us about your child's least favorite activities.

7. What language does the child speak with parents/guardians at home?

- English Other _____

8. Is there anything else we should know?

It is a policy of the BCCI not to discriminate against a person as to their race, color, ancestry, sex, age, handicap, or national origin.

Brooklyn Child Care Center

Parent Involvement

Parent involvement in their child's daycare center instills a greater sense of family togetherness. In order to build a strong bond between families and Brooklyn Child Care Center, each family can contribute their skills, talent and /expertise.

Because we know you are busy working parents this time can be scheduled throughout the school year and the hours that better fits your busy schedule Between 7:15 a.m. and 5:45 p.m.

Please check one or more of your family skill contribution:

- | | |
|--|---|
| <input type="checkbox"/> graphic design and printing | <input type="checkbox"/> painter |
| <input type="checkbox"/> accounting | <input type="checkbox"/> medical screening |
| <input type="checkbox"/> special family recipe | <input type="checkbox"/> read your child's favorite story |
| <input type="checkbox"/> computer technical assistance | <input type="checkbox"/> Assist with Newsletter |
| <input type="checkbox"/> carpenter | |
| <input type="checkbox"/> handyman/maintenance | |
| <input type="checkbox"/> coordinator (picture day-raffle-family day-parent's workshop teacher appreciation day in May-Fall/Spring event). Please circle one or more. | |
| <input type="checkbox"/> Translator English to Spanish, French and others | |
| <input type="checkbox"/> Other/Please specify: _____ | |

1. _____ parent/guardian of _____
Print your name Child's Name

In classroom # _____, understand the importance of this contributor;
Therefore, I commit myself/family to the above checked task (s).

Parent/Guardian Signature Date

Communities are stronger when parent gets involved in their children's education.

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NAP/REST TIME Permission Form

I understand that my child _____
will be resting or napping on a mat in their classroom. He/she
will be supervised.

Parent/Guardian's Signature _____

Date: _____

RELEASE FORM

Please check YES or NO after each statement and sign accordingly.

1. I give my child permission to go on any walks on the VA grounds as well as walks to the Fort Hamilton park and surrounding areas. YES NO

2. I give my permission for my child to have his/her photograph taken as well as videotaped. These photographs or videotapes may be used in Brooklyn Child Care, Inc. brochures, for public relations projects, web site, etc. YES NO

3. In case of emergencies when I, the parent, cannot be contacted, I give my permission to the staff of Brooklyn Child Care., Inc. to sign authorization allowing the Brooklyn VA Medical Center to give my child the emergency medical attention that he/she requires. YES NO

4. I would like to participate in Face book YES NO

To become part of the conversation, log on to <http://www.facebook.com/brooklynchildcare> and “like” the page. You must be a Facebook member in order to like the page.

Once you’ve clicked on the “Like” button, you will start to get updates in your newsfeed anytime we post anything on the page. You’ll see photos from our activities, holiday events and messages from our teachers and director.

Please feel free to comment and share our posts with your community. This page is designed to be more inclusive than our Tot Off The Press newsletter.

***Disclaimer: Any photos of children that appear on the page will not be tagged or identified in the captions. If you wish to tag your child, you are welcome to do so.**

Parent/Guardian Signature

Date

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PARENT AGREEMENT

I, _____ ,

the parent of _____ ,

have read the Parent Handbook and agree to the policies outlined by Brooklyn Child Care, Inc. As proof of this agreement, I have signed in the provided space below.

Parent's Signature _____

Date _____