



**Bryan's Educational Center**  
 3922-24 Church Avenue Brooklyn • New York 11203  
 Phone: (718) 282-6944 Fax: (718) 282-8074  
 bryansdaycare@aol.com

**DAY CARE: Application for REGISTRRTATION**

I hereby make an application for registration of \_\_\_\_\_ as a pupil in BRYAN'S EDUCATIONAL CENTER, INC. An **Inscription Fee** of \$175, (which includes \$75 insurance fee, \$50 registration fee, and \$50 annual supply fee), is required for each child. This inscription fee is non-refundable, nor shall it be credited toward payment due. Registration fees and tuition payment is required in advanced. **FEES ARE DUE ON OR BEFORE THE 5<sup>TH</sup> OF EACH MONTH. ALL PAYMENTS ARE FINAL.** The prevailing fee of \$ \_\_\_\_\_ is applicable on a monthly basis, **NOT weekly**, and includes holidays when school will be closed and/or when child is out of school for any reason.

\*\*\*\*\*FEES ARE DUE REGARDLESS OF ILLNESS OR ABSENTEEISM.\*\*\*\*\*

**Admission Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Child's Address (street name & #, city & Zip):** \_\_\_\_\_

**Child's Home Phone Number:** \_\_\_\_\_ **Potty Trained: YES or NO**

**Mother's Information**

**Father's Information**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Cellular / Pager Number:** \_\_\_\_\_

**Cellular / Pager Number:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**(TWO ADULTS, OTHER THAN PARENTS, NOT LIVING WITH CHILD)**

1. **Name:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Relation to child:** \_\_\_\_\_

**Relation to child:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Hone Phone Number:** \_\_\_\_\_

**Work / Cell Number:** \_\_\_\_\_

**Work / Cell Number:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_

4. **Name:** \_\_\_\_\_

**Relation to child:** \_\_\_\_\_

**Relation to child:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Hone Phone Number:** \_\_\_\_\_

**Work / Cell Number:** \_\_\_\_\_

**Work / Cell Number:** \_\_\_\_\_

**Names of Person(s) authorized to Pick-Up your child** \_\_\_\_\_

**Signature of Parent (s) / Guardian (s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE ONLY**

**Interviewed By:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_ **Rejected:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

**Comments for acceptance or rejection** \_\_\_\_\_