



# Bryan's Educational Center

3924 Church Avenue Brooklyn • New York 11203  
Phone: (718) 282-6944 Fax: (718) 282-8074

## School Age APPLICATION FOR REGISTRATION

I hereby make an application for registration of \_\_\_\_\_ as a pupil in BRYAN'S EDUCATIONAL CENTER, INC. A registration fee of \$ **125.00** is required for each child. This fee is non-refundable, nor shall it be credited towards payment due. Registration fees and tuition payments are required in advance.

**FEES ARE DUE ON OR BEFORE THE 5<sup>TH</sup> OF EACH MONTH. ALL PAYMENTS ARE FINAL.** The monthly tuition is \_\_\_\_\_. School fees are accepted on an annually, bi-annually or monthly basis.

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

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age next Birthday \_\_\_\_\_

Name of Parent (s) or Guardian (s): \_\_\_\_\_  
(Maternal) (Paternal)

Home Address: (Maternal) \_\_\_\_\_ Tel: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Home Address: (Paternal) \_\_\_\_\_ Tel: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Work Tel: \_\_\_\_\_

### Contract Information

\*Please update the following information on a regular basis as contact information changes.\*

- Cellular Phone # and/ or Beeper # (M) \_\_\_\_\_
- Cellular Phone # and/ or Beeper # (P) \_\_\_\_\_
  - No. Brothers \_\_\_\_\_ No. of Sisters \_\_\_\_\_

### Emergency Contact Information

Emergency Person/s (adult not living with you) – Please provide us with two emergency contacts.

1. Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship \_\_\_\_\_

Names of Persons Authorized to Pick-Up Your Child \_\_\_\_\_

Signature of Parents (s) / Guardian (s): \_\_\_\_\_

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**OFFICE USE ONLY**

Interviewed by \_\_\_\_\_

Date \_\_\_\_\_

Referred By: \_\_\_\_\_

Accepted or Rejected

Reason/Comments: \_\_\_\_\_