THE CHOSEN GENERATION



632 Schroeders Avenue Brooklyn, New York 11239 646-659-2175

The Chosen Generation Daycare 123@gmail.com

☐ Multiple children (#) ☐ Soc		cial Services		Admissions Application		
Child's Name	Nick	name		Date of Birth	* .	
Address			2	Home Phone #		
Previous Child Day Care Prog	grams and Schools	Attended:	, , ,			
If Child Attends This Center a	nd Another School	/Program,	Give the Name of S	chool/Program	Grade	
		PARE	NTS/GUARDIANS			
Mother	DOB		SSN Place Employed			
Home Address	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Home	Phone #		26.000	
Work Phone #			Cell Phone #		Email Address	
Father	DOB		SSN	Place Employed		
Home Address		Home	e Phone #			
Work Phone #			Cell Pho	ne #	Email Address	
Person(s) or Agency Having L	egal Custody of Ch	nild				
Home Address		Home Phone #				
Business Address		Business Phone #				
	Manager and the second		FORMATION			
Allergies or Intolerance to Fo	od, Medication, etc	c., and Act	ion to Take in an E	mergency		
Child's Physician				Phone #		
Person(s) Authorized to Pick Up Child						
Person(s) NOT Authorized to	Pick Up Child			44-44-4		
Emergency Contact Person (Someone other th	nan Paren	t/Guardian)	_		
Home Address				Home Phone #		
Business Address				Business Phone #		
Emergency Contact Person ((Someone other th	nan Paren	t/Guardian)			
Home Address				Home Phone #		
Business Address				Business Phone #		
		and the second second				