

Children Of Tomorrow



12 month contract **Your Weekly fee is \$**_____

Child Name _____

Child date of Birth _____ Age Of Child _____ Potty Trained _____

Start Date _____ Drop off Time _____ Pick up Time _____

Parents Names _____

Home Address _____

Email Address _____

Parents Phone Number _____

Emergency Contact _____

Names of People allowed to pick up the child with ID (over 18years old)

_____ I give permission for my child to take pictures and to add to our class dojo account.

_____ I give permission for my child to go to playground located at 87-45 117 street Ny 11418

_____ I give my child permission to go to the library located at 118-14 Hillside Avenue Ny 11418

Allergies _____

Medical Alerts _____

I agree with all of Melissa Children Of Tomorrow regulations on Page 1 and 2

Sign Here _____ Date _____

