

Children's Garden of Farmington

1780 Rochester Road State Rt 332
Farmington, New York 14425

Enrollment Application

Children's Garden does not discriminate against individuals and families, including on the basis of color, culture, economic status, health, nationality, physical and mental ability, race, religion, and sexual orientation.

Child's name _____ Date of Birth _____
Address _____ City _____ Zip _____
Classroom _____ Anticipated start date _____ Tuition \$ _____
Requested Days: M T W Th F Hours: full time noon pick-up
Favorite activities _____
Favorite foods _____ Bedtime _____ Waking _____
Special fears _____
Toileting words used in home _____

For Emergency Notification and Billing Purposes

Primary legal guardian _____
Home Phone (____) _____ - _____ Cell phone (____) _____ - _____ email _____
Employer _____ City _____ Zip _____
Work Phone (____) _____ - _____ Cell phone (____) _____ - _____ email _____
NYS driver's license # _____ License plate # _____

Authorized Contacts

I authorize my child to be signed in by or released to any persons listed below, upon presentation of their government issued photo ID. All persons listed below are age 18 years or older. All of these persons may be contacted to provide emergency pick-up in the event that I am unavailable. My child will not be released to any other persons.

Name _____ Phone (____) _____ - _____ Cell (____) _____ - _____
Address _____ City _____ Zip _____
Name _____ Phone (____) _____ - _____ Cell (____) _____ - _____
Address _____ City _____ Zip _____
Name _____ Phone (____) _____ - _____ Cell (____) _____ - _____
Address _____ City _____ Zip _____

I will take responsibility to keep all Emergency information, medical documentation, and my account current and up to date. I understand that this Enrollment Application will not be processed without a registration fee. I agree to sign my child in and out on the appropriate classroom log daily with my full legal signature. I have read and understood, and agree to fully cooperate with the Children's Garden policies and procedures contained in the enrollment paperwork and the Family Handbook.

Print Name _____ **Signature** _____ **Date** _____

Children's Garden of Farmington office staff only below this line

Date received: ____/____/____ \$40 registration attached ____ cash check# _____ Received by _____