



After School Program

107-06 71st Road, 2nd Floor, Forest Hills, NY 11375

Office: (718) 575 8877 Mobile: (917) 224 5081

Email: info@isteinny.com Web: www.isteinny.com

REGISTRATION FORM

Date of Application: ____/____/____

Child Information

Child's Name (First Name, Last Name) _____

Nick Name _____

Age _____

Gender (M/F) _____

Date of Birth (mm/dd/yy) _____

Primary Language at home _____

Child is allergic to _____

Name of School _____

Grade _____

Class # _____

Teacher's Name _____

School Dismissal Time _____

Parent / Legal Guardian Pick Up at Istein? Y N

Child needs Drop Off to home? Y N at _____ PM

Family Information

Primary Parent / Legal Guardian (first name, last name) _____

Other Parent / Guardian (first name, last name) _____

Address (street # and name) _____

Address (if different from primary) _____

City, State, Zip _____

City, State, Zip (if different from primary) _____

Home Phone _____

Home Phone (if different from primary) _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Additional persons authorized to pick up child from Istein(Name, phone & relationship): _____

Emergency Contact Information

First / Last Name

Relationship to Child

Address (Street # and name)

City, State, Zip

(_____) _____ - _____
Home Phone

(_____) _____ - _____
Work Phone

(_____) _____ - _____
Cell Phone

Health & Medical Information

List Any Health or Medical Conditions

List Current Medications* and Side Effects

*If your child is taking medication, you must complete Authorization to Administer Medication Form.

Physician's Name

(_____) _____ - _____
Physician's Phone Number

List any additional information that staff need to be aware of for the well-being of your child.

I verify that my child is of good mental and physical health, and may participate in the ISTEIN Afterschool Program. I also verify that my child's immunization shots are up to date. I give permission to authorize emergency care to my child in the event that neither I nor the physician can be contacted.

Signature of Legal Guardian / Parent

_____/_____/_____
Date

(Parent/Legal Guardian Name) do hereby grant permission for

(Student's Name) to attend Istein Afterschool Program.

Parent / Legal Guardian's Signature: _____ **Date:** ____/____/____

For more information please visit:
www.isteinny.com