



# After School Program

107-06 71<sup>st</sup> Road, 2<sup>nd</sup> Floor, Forest Hills, NY 11375

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## REGISTRATION FORM

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

State Test Preparation (3<sup>rd</sup> – 5<sup>th</sup> Grade)

Little Winner Enrichment (K – 2<sup>nd</sup> Grade)

### Child Information

Child's Name (First Name, Last Name) \_\_\_\_\_

Nick Name \_\_\_\_\_

Age \_\_\_\_\_

Gender (M/F) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

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) \_\_\_\_\_ Occupation \_\_\_\_\_

Other Parent / Guardian (first name, last name) \_\_\_\_\_ Occupation \_\_\_\_\_

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 \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

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 after school 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 after school program.

**Parent / Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information please visit:  
[www.isteinny.com](http://www.isteinny.com)