

Fantasia Daycare Center
 2743 Ocean Avenue, Brooklyn, NY 11229
 Tel: (718) 646-6738, Fax: (718) 368-0972
 info@fantasiadaycare.com

APPLICATION FORM

Please email, fax, and mail or drop off the completed form to the address listed above along with \$100 application fee.

Child's Information:

Full Name:			
Address:			
DOB:		Sex:	
Requested start date:		Program: Please circle 2's 3's	Schedule: Please circle M T W T F
Sibling at Fantasia?	Y/N	Name:	
Doctor's Name:			
Doctor's Address:			
Doctor's Phone:			
Allergies:		Special requirements:	

Parent's Information:

	Mother	Father
Name:		
Address:		
Phone (Home):		
Phone (Work):		
Phone (Cell):		
Email:		

Child's Name:

Emergency Contact Information:

	Contact #1	Contact #2
Name:		
Relationship:		
Address:		
Phone (Home):		
Phone (Work):		
Phone (Cell):		
Email:		

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to Fantasia Daycare Center staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified immediately.

Signed:

Name Signature Date

Please sign and return completed form with application fee.

For more information, please contact
Tel: (718) 646-6738, info@fantasiadaycare.com