



544 Union Ave.
Brooklyn, NY 11221
Ph. (718) 388-9134
Fax: (718) 388-9145

Child's Information

First Name: _____ Last Name: _____
Nickname: _____ Date of Birth: _____ Gender: ___ Male ___ Female
Address: _____
City: _____ State: _____ Zip Code: _____
Parent's Marital Status: _____ Child resides with: _____
Home #: _____ Any Allergies or Restrictions: ___ Yes ___ No
Details: _____

Child Profile

Does the child have any siblings? ___ Yes ___ No
What are the child's favorite hobbies? _____
What are the child's favorite toys? _____
What are the child's greatest fears? _____
What time does the child go to bed at night? _____
Does the child take naps in the daytime? ___ Yes ___ No
Can the child tie his/her shoe? ___ Yes ___ No Does the child feed him/herself? ___ Yes ___ No
Is the child fully potty trained? ___ Yes ___ No Does the child require pull-ups? ___ Yes ___ No
Is there anything else you'd like us to know about your child? _____

Parent/Guardian Information

Parent/Guardian 1:

Relationship to Child: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Cell #: _____
Employer: _____ Work #: _____
Email: _____

Parent/Guardian 2:

Relationship to Child: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home #: _____ Cell #: _____
Employer: _____ Work #: _____
Email: _____

Emergency Contact: *Please provide us with the information of an individual we can contact in the event that neither parent/guardian can be reached or if the school unexpectedly closes.*

Name: _____ Ph #1: _____
Ph #2: _____ Relationship: _____

Medical Information

Doctor's Name: _____ Ph #: _____
Address: _____
Does the child take any medications? ___ Yes ___ No
Does the child require any special accommodations? ___ Yes ___ No
Describe: _____

Authorized Pick-Up List and Consent

Please list the individuals who are granted permission by you to retrieve your child from the school at any time:

First Name: _____	Last Name: _____
Relationship: _____	Ph #: _____

First Name: _____	Last Name: _____
Relationship: _____	Ph #: _____

First Name: _____	Last Name: _____
Relationship: _____	Ph #: _____

First Name: _____	Last Name: _____
Relationship: _____	Ph #: _____

** Please be sure to make photocopies of the NYS license (or other acceptable form of identification) of every individual on this list for the school's records and inform any individual authorized to retrieve your child to have their ID with them and present it to the staff when they are picking up. Please note that any individual retrieving your child must be 18 years of age or older.*

Authorization & Consent

I hereby grant my permission for the individuals listed on this form to pick up my child at any time. I also agree not to hold Learning Steps Day Care liable for retrieval by any individual named on this list. Furthermore, I understand that Learning Steps Day Care Center is not responsible for the child once they are taken off the school's premises and relieved of our supervision.

Parent Name (Print)

Parent Signature

Date