



CHILDREN'S SAFE STAY, INC.

DAY CARE AND PRE SCHOOL

P.O. Box 152, Sparrowbush, NY 12780

845-858-4923, www.childrendefestay.com

APPLICATION FOR ADMISSION AND CONTRACT

Child's Name: _____ Known as: _____

Sex: _____ Age: _____ Date of Birth: _____ Home Telephone Number: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Business Phone: _____

Business Address: _____

Father's Name: _____ Occupation: _____

Employer: _____ Business Phone: _____

Business Address: _____

Person(s) with Legal Custody of Child: _____ Relationship: _____

Name of Child's Physician: _____ Phone: _____

Name of Hospital Preferred: _____

Person to contact when parents cannot be reached: _____

Home Ph: _____ Business Ph: _____ Relationship: _____

Person(s) authorized to pick up child: _____

Persons **NOT** authorized to visit or pick up child: _____

Give name of other school child attends: _____

Other people in household (indicate relationship; e.g., brother, grandmother, etc.):

Name

Relationship

Age
