



(347)602-0920  
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<http://BrilliantKidsNYC.com>

### Registration Form

Child's First Name: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_

1. Parent's/Caregiver's First name: \_\_\_\_\_

Parent's / Caregiver's Last name: \_\_\_\_\_

Parent's / Caregiver's Phone Number: 1. \_\_\_\_\_

2. \_\_\_\_\_

Parent's / Caregiver's Email: \_\_\_\_\_

2. Parent's/ Caregiver's First Name: \_\_\_\_\_

Parent's/ Caregiver's Last Name: \_\_\_\_\_

Parent's / Caregiver's Phone Number: 1. \_\_\_\_\_

2. \_\_\_\_\_

Parent's / Caregiver's Email: \_\_\_\_\_

### Emergency Contacts:

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

List if any: \_\_\_\_\_

Does child have any restrictions for participating in movement or quiet activities? \_\_\_\_\_

List if any: \_\_\_\_\_

Additional Comments and Information:

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How did you hear about us? \_\_\_\_\_

Please be advised that only listed parents/caregivers and persons from Emergency Contacts are authorized to pick up the child. If you want any other person to pick up your child, please provide a written notice. The person who picks up the child has to present a picture ID at the time of pick up.

The sessions are started at 9:30 am and ended at 12:30 pm. Please pick up your child not later than 12:35 pm. Late pick up, after 12:35 pm, is a subject for lateness fee assessed of \$1 per minute.

Should the child suffer an injury or illness while in the care of the program and the facility is unable to contact a parent/caregiver immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. Parent/caregiver shall assume responsibility for payment for services.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_