



2403 Avenue X, Brooklyn, NY 11235

(646) 580-8443

WizKidsCenter.com

info@wizkidscenter.com

APPLICATION FOR ADMISSION

Child's Name: _____ Sex: _____

Child's Date of Birth: _____

Chronological age as of September: _____

Full Time Part Time Projected date of enrollment: _____

Toilet trained? Yes No Able to dress independently? Yes No

Does your child suffer from allergies or medical conditions? Yes No

If Yes, please specify: _____

Special services if Yes, please specify:

Speech/ Language Therapy Occupational Therapy Physical Therapy
 Special Instruction (SEIT)

Has your child previously attended a childcare program? Yes No

If Yes, which one? _____

PARENT INFORMATION

Name: _____

Home Address: _____

Phone: _____ Cell: _____

Email: _____

In case of emergency please contact:

Name: _____

Phone: _____ Cell: _____

Full name of adult who is allowed to pick up child if parent cannot:

Name: _____

* The authorized individual will be asked and must show a photo ID at time of pick up.

Parent/ Guardian Signature: _____ Date: _____



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I, _____, parent/guardian of

_____ agree to pay \$ _____
(monthly) for my child's attendance (F/T) to Wiz Kids Learning Center facility. **I understand that any deposits given to secure my child(ren)'s seat is non-refundable.**

Monthly payments are due by the 25th of each month. I understand that I am liable for a \$5 daily late fee. I must notify the center prior to my child's absence if it is a vacation week. If the child is sick for a consecutive week I must bring a letter from the doctor with the correct dates of absences and a return date to the center must be specified. **Wiz Kids Learning Center will not honor any reduced rates, unless the family is leaving the location before the 15th of the month. No refunds will be issued after the 15th of the month.**

Wiz Kids Learning Center, and its agents reserve the right to deny and terminate admission through out the year into the center if instances arise that can potentially be harmful or threatening to child attending the facility and/or staff and/or any management performing their duties. Additionally, should a parent/guardian of an attending child constitute a threat, either mental or physical to any employees, management or a child attending the center.

Additionally, it is our policy that if you remove your child from the center for a given month(s) you are responsible for half of the upcoming months tuition in order to hold your child's seat. attendance.

* Prices are subjected to change

Parent/ Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____