



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: _____

☐ Full Time ☐ Part Time Projected date of enrollment: _____

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

Does your child suffer from allergic 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: Mother & Father

Mother: _____ Father: _____

Home Address: _____

Cell Phone: _____ Cell Phone: _____

Occupation: _____ Occupation: _____

Email: _____ Email: _____

In case of emergency please contact:

Name: _____

Relationship to Child(ren): _____

Phone: _____ Cell Phone: _____



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I, _____ parent/guardian of

_____ agree to pay \$ _____
(monthly/weekly/bi-weekly) for my child's attendance (F/T, P/T, Half-Day) to Wiz Kids Learning Center facility.

I understand that registration fee 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 \$25 late fee if paid after 1st of the month. I must notify the center prior to my child's absence if it is a vacation week. If the child is sick for 2 consecutive days I must bring a letter from the doctor with the correct dates of absences, diagnosis, and a return date to the center must be specified. **Wiz Kids Learning Center will not honor any reduced rates, or refunds for sicknesses or absences.**

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.

* Prices are subjected to change

Signature of Parent/Guardian: _____ Date: _____

Staff Signature: _____ Date: _____