



# CHILDREN'S SAFE STAY, INC.

DAY CARE AND PRE SCHOOL

P.O. Box 152, Sparrowbush, NY 12780

845-858-4923, [www.childrendefestay.com](http://www.childrendefestay.com)

## REGISTRATION

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

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are both parents residing at home?  Yes  No: \_\_\_\_\_

Number of people residing in the home: \_\_\_\_\_

### TYPE OF ENROLLMENT:

Infant Room (6 weeks – 12 months)

Infant Toddler (13 months – 24 months)

Toddler (24 – 36 months)

3 year old

4 year old

Kindergarten (5 years)

Before School

After School

Both

Summer

School – Age 6-12 years

Before School

After School

Both

Summer

Full Time, Weekly:

A.M.

P.M.

Both

From \_\_\_\_\_ To \_\_\_\_\_

Part Time:

Monday

A.M.

P.M.

Both

From \_\_\_\_\_ To \_\_\_\_\_

Tuesday

A.M.

P.M.

Both

From \_\_\_\_\_ To \_\_\_\_\_

Wednesday

A.M.

P.M.

Both

From \_\_\_\_\_ To \_\_\_\_\_

Thursday

A.M.

P.M.

Both

From \_\_\_\_\_ To \_\_\_\_\_

Friday

A.M.

P.M.

Both

From \_\_\_\_\_ To \_\_\_\_\_

Hourly Drop off Service (as needed basis)