



A&E Carousel Daycare 150 Clermont Avenue Brooklyn, NY 11205

Phone/Fax: (718) 596 – 7912 Email: carouselej@aol.com Website: carouselchildrenscenter.com

Admissions Form

Child's Name _____

Sex: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Cell Phone(s): _____

Home Address: _____

Name of Parent: _____ Occupation: _____

Email Address: _____

Business Address: _____

Employer: _____ Business Phone: _____

Name of Parent: _____ Occupation: _____

Email Address: _____

Business Address: _____

Employer: _____ Business Phone: _____

Name of Child's Physician: _____ Phone: _____

Name of Hospital preferred: _____

Does the child have any allergies? If yes, please be specific _____

Does your child have any health/food restrictions? _____

Person to contact when parents cannot be reached: _____

Home Phone: _____ Business Phone: _____

Relationship to Child: _____

Person(s) with legal custody of the child (+ relationship): _____

Person(s) authorized to pick up child: _____

Other people in household: _____