

Bronx Park East Preparatory Inc.

2270 Bronx Park East, Bronx, NY 10467

Tel 718-882-3261 Fax 718-882-1100 www.bronxparkeastacademy.com

CHILD APPLICATION FORM

Child's Name _____ Birthdate _____

Address _____ Known Allergies _____

Mother's Name/Guardian _____ Telephone _____

Address _____ cell phone _____

Email address _____

Employed By _____ Work Tel _____

Work Address _____

Father's Name/Guardian _____ Telephone _____

Address _____ cell phone _____

Email address _____

Employed By _____ Work Tel _____

Work Address _____

THE EMERGENCY CONTACTS YOU LIST BELOW WILL BE DESIGNATED AS ESCORTS FOR YOUR CHILD TO BE RELEASED TO AS WELL AS TO BE CONTACTED IN CASE OF AN EMERGENCY.

Emergency Contact Name _____ Relationship to Child _____

Address _____ Telephone _____

Cellphone _____ email address _____

Emergency Contact Name _____ Relationship to Child _____

Address _____ Telephone _____

Cellphone _____ email address _____

Emergency Contact Name _____ Relationship to Child _____

Address _____ Telephone _____

Cellphone _____ email address _____

Child's Physician _____ Telephone _____

Address _____ medical record # _____

Name of Insurance _____ ID# _____

Parent Signature below is giving consent to Bronx Park East Preparatory Inc. and its staff for obtaining medical care in case of an emergency, administration of first aid, and for the use of pictures/videos of your child and/or their likeness. You are also giving consent for your child's participation in outdoor activities/walks that are taken daily during the course of the school day, such as outings to the parks in the area, neighborhood stores, and visits to other entities that may pertain to the curriculum.

PARENT'S /GUARDIANS SIGNATURE _____ DATE: _____

PARENT'S /GUARDIANS SIGNATURE _____ DATE: _____