



A. Child's Name: _____
 (Last Name) (First Name) (Middle Initial)

Child's Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Date of Birth: _____ **Sex:** M F **Child's Social Security #** _____

Estimated Daily Arrival Time: _____ **Estimated Daily Departure Time** _____

B. Enrolling Parent/ Guardian Name: _____
 (Last Name) (First Name) (Middle Initial)

Relationship to Child: _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

E-mail Address: _____ **Employer** _____

Employer Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____ **ext.** _____

Drivers License#: _____ **Work Hours:** _____ **Social Security #** _____

C. Parent/ Guardian Name: _____
 (Last Name) (First Name) (Middle Initial)

Relationship to Child: _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

E-mail Address: _____ **Employer** _____

Employer Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____ **ext.** _____

Drivers License#: _____ **Work Hours:** _____ **Social Security #** _____

D. Parents Marital Status: Married Divorced Single

1) If Divorced Who has legal custody? _____

2) May the Non- Custodial Parent pick up the child? Yes No

If yes, include release in section below. If no, documentation from the court will be required.

E. Primary Residence: Both Mother Father Guardian

Director Sign-off _____ Date: _____



F. The Child will only be released to the people on this application and the following persons:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

G. MiniVentures of NY, Inc. will open from 7:30 AM to 6:30 PM Monday-Friday

- I agree that I am enrolling my child for 5 days a week at a Monthly tuition of _____
- I agree to pay the monthly tuition fees by the 25th of the prior month.
- I am aware that I will be charged a \$50 fee for payments made after the 27th of the.
- I am aware I will be charged a fee for late picks that exceed the 15 min. grace period
- The maximum fee allowed by state law will be charged for any returned checks. Second and third attempts will be made inclusive of all associated fees and presented to your bank.
- I have received a copy of the MiniVentures of NY, Inc. Parent Handbook that further addresses all policies and procedures.

H. Enrolling Parent/ Guardian Signature _____ Date: _____

Director Sign-off _____ Date: _____