

BIG BIRD'S PLAYHOUSE  
1859 Richmond Avenue  
Staten Island, N.Y. 10314  
(718)982-0550

Child's  
Name/DOB: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

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

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

Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone number: \_\_\_\_\_

In case of emergency call: \_\_\_\_\_

Alternate: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parents Social Security # \_\_\_\_\_

1. There is a one time registration fee of \$75.00 which does not apply to "Pre-K For All" (UPK) which is free for 6 hours and 20 minutes a day.
2. All children are required to have a medial form on file before starting.
3. We require that you submit a copy of the driver's license of each person who may be assigned to pick up a child in case of emergency
4. In the event that the school is unable to reach me (parent/guardian) or any person on my list, I hereby authorize and grant permission to the Big Bird's Playhouse administration, should they deem it necessary , to take my child to a hospital emergency room for treatment. All expenses and liability incurred with respect thereto shall be assumed and paid for by me.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_