

PUSH MY SWING

148 EAST 28TH STREET

NEW YORK, NY 10016

TEL 212-889-5791 Fax:212-889-5791 Email: monda@pushmyswing.com

A QUALITY LITTLE PEOPLE CENTER

TODAY'S DATE ___/___/___

DATE CHILD WILL ATTEND ___/___/___

CHILD'S NAME _____

FIRST

MIDDLE

LAST

D.O.B. ___/___/___

HEALTH PROBLEMS or ALLERGIES _____

MOTHER'S NAME _____ CEL. _____

H.TEL. _____

ADDRESS _____ Zip Code _____

EMAIL _____

Print clearly

EMPLOYMENT _____ TEL. _____

FATHER'S NAME _____ CEL. _____

ADDRESS _____ ZIP CODE _____

EMAIL _____

Print clearly

EMPLOYMENT _____ TEL. _____

EMERGENCY CONTACT OTHER THAN PARENTS _____

TEL. _____

PERSONS OTHER THAN PARENTS AUTHORIZED TO PICK UP CHILD:

1. _____ Cell _____

2. _____ Cell _____

We require One month deposit and two months advance notice prior to termination of Service
CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to PUSH MY SWING staff to obtain necessary emergency medical Treatment for my child with the understanding that the family will be notified ASAP.

I am also aware that my child will be napping at the premise on either a cot or a mat.

And lastly, I give permission for my child to participate in all Outdoor Activities: May it be the School's Backyard, Neighborhood Park or any other Short Walking Trips.

Signed _____ Date _____ Relationship _____

Kindly include a check for \$85 Reg. fee, and a current medical form of the child with your application, There will be a fee of \$15 for purchasing a special cot's sheet for nap. And another \$15 for PMS T Shirt

Please tell us how you fund us: On line _____ Friend _____ Other _____