

**Forest Hills Nursery & Kindergarten**  
108-56 69<sup>th</sup> Avenue  
Forest Hills, NY 11375  
Phone (718) 544-3692

**APPLICATION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Hours: \_\_\_\_\_

Starting Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

\_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Doctor's name, phone & address:

\_\_\_\_\_

\_\_\_\_\_

Health condition: Please describe any special health condition/allergies, if any:

\_\_\_\_\_

\_\_\_\_\_

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**EMERGENCY CONTACT FORM**

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_

In the event that the school cannot reach any of the contacts listed above, the school is hereby authorized to secure emergency treatment for the child. Please notify the school of any changes that are to be made on this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ALLERGY FORM**

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any of your child's allergies and any medical conditions that your child may have.

Food: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Any other substance that may cause an allergic reaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible and involved in a healthy environment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Special Needs**

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- IEP (Individualized Education Plan):    \_\_\_ Yes                      \_\_\_ No

- Speech Therapy:                                      \_\_\_ Yes                      \_\_\_ No

- Physical Therapy:                                    \_\_\_ Yes                      \_\_\_ No

- Occupation Therapy:                              \_\_\_ Yes                      \_\_\_ No

- Other special needs:

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- Health Conditions:

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**Photo Consent Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the student named above by Forest Hills Nursery & Kindergarten.

I also grant to Forest Hills Nursery & Kindergarten the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media. I also hereby release Forest Hills Nursery & Kindergarten and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_