



# Cortelyou Early Childhood Center, Inc.

**Main Office**

1110 Cortelyou Road  
Brooklyn, NY 11218

**Phone:** 718-282-6077

**Fax:** 718-282-2919

**Annex**

386 Marlborough Road  
Brooklyn, NY 11226

**Phone:** 718-856-2880

**Academy Building**

2739 Bedford Avenue  
Brooklyn, NY 11210

**Phone:** 718-421-9581

**Fax:** 718-421-2891

**E-Mail:** [info@mycecc.com](mailto:info@mycecc.com)

**Website:** [www.mycecc.com](http://www.mycecc.com)

Dear After School Parent,

Welcome to CECC! Thank you for choosing our program for your after school needs. In addition, we also provide half-day, full day, holiday and summer camp services when public/charter schools are closed. These services are provided at an additional cost.

Please fill out all attached forms and return them to our Main or Academy office. The fee for our After school program is as follows:

**Registration:** \$100 (Paid Annually)

**Monthly Fee:** \$330

**Please Note:** A completed medical form **MUST** be submitted in order for your child to start in our after school program.

Thank you again for your support and cooperation.

Sincerely,

Cortelyou Administration

Please fill out and return with application.

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

Grade: \_\_\_\_\_

School's Name: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

Location of Pick up: \_\_\_\_\_

(PS 139, 179,217, 152, 152 Annex, or 315)



# Cortelyou Early Childhood Center

Photo  
Optional

## After School Application

### Student Information

Applicant's Name: \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current School \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Parent(s) /Guardian(s) Information

Name: _____	Name: _____
Relationship to applicant _____	Relationship to applicant _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Present Occupation _____	Present Occupation _____
Employer _____	Employer _____
Principal Contact (Please check one): <input type="checkbox"/> Both	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Parent/Guardian Status: <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic

If principal contact cannot be reached, whom do we contact in case of an emergency?  
 \_\_\_\_\_

**Name of person(s) authorized to pick-up your child:**  
 \_\_\_\_\_  
 \_\_\_\_\_

List any **food allergies** or any **serious medical conditions**: (e.g. peanuts, strawberries, asthma. Epilepsy etc.)  
 \_\_\_\_\_

Is there anyone who is **NOT** allowed to have access to your child? (Please submit a copy of any special documentation.) \_\_\_\_\_

**Consent Form**

I hereby give permission to allow my child, \_\_\_\_\_ to be taken on trips to points of interest throughout the New York City area, under the supervision of **Cortelyou Early Childhood Center**, via private means of transportation. I also grant permission for my child to be taken on walking trips throughout the neighborhood when accompanied by his/her teacher. **(Initial Here: \_\_\_\_\_)**

**Photograph & Video Release**

I hereby give permission for images of my child, captured during regular and special school activities through video, photo and digital camera, to be used solely for the purpose of **Cortelyou Early Childhood Center** promotional material and publication including websites, brochure, handbooks etc., and waive any rights of compensation or ownership thereto. **(Initial Here: \_\_\_\_\_)**

**I have read the policy and agree to comply with the forms as stated.**

Print Name \_\_\_\_\_

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

**OFFICIAL USE ONLY**

Registration Fee Paid      **Voucher Program:**  Yes       No

ACD/HRA Copayment: \_\_\_\_\_

Date Received: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

Comments: \_\_\_\_\_