

To apply, please complete the following application and return with a non-refundable \$75 application fee to the address listed below.

CHILD INFORMATION (please print clearly)

First name _____ Last Name _____ Nickname _____

Male ___ Female ___ Birthdate ____ / ____ / ____ Previous childcare arrangement (if any) _____

Country/State of Birth _____ Languages Spoken at Home _____

Sibling (s) Names and Ages _____

PARENT/GUARDIAN 1

Name _____

Relation to Child _____

Address _____

City _____ St _____ Zip _____

Best Phone _____

Secondary Phone _____

Email _____

PARENT/GUARDIAN 2

Name _____

Relation to Child _____

Address _____

City _____ St _____ Zip _____

Best Phone _____

Secondary Phone _____

Email _____

PREFERRED PROGRAM *Please circle (1) age group and (2) length of day*

Sandbox 2s

Sandbox 3s

Half Day 9:00am – 12:00pm	School Day 9:00 am – 3:00pm	Extended Day 8:00am – 6:00pm
2 Days Tue/Thur	2 Days Tue/Thur	2 Days Tue/Thur
3 Days Mon/Wed/Fri	3 Days Mon/Wed/Fri	3 Days Mon/Wed/Fri
5 Days	5 Days	5 Days

How did you hear about Brooklyn Sandbox? _____

Parent/Guardian Signature _____ **Date** _____

Please submit application with \$75 non-refundable application fee to: (please make checks payable to Brooklyn Sandbox, LLC) **Brooklyn Sandbox | 548 6th Avenue, Brooklyn NY 11215**, Attention: Director
www.brooklynsandbox.com