



100 Maple Street, Glens Falls, NY 12801
(518) 409-8124 info.tinyhandsacademy@gmail.com

Enrollment information

Child Full Name _____

Birthdate _____ Gender _____ Age _____

Mother's Full Name _____ Email address _____

Mother's Full Address _____
(Please include PO Box if applicable)

Mother's Contact phone numbers (home) _____ work _____ cell _____

Mother's Employer _____

Employers Address _____

Father's Full Name _____ Email address _____

Father's Full Address _____
(Please include PO Box if applicable)

Father's Contact phone numbers (home) _____ work _____ cell _____

Father's Employer _____

Employers Address _____

Child Lives with _____

If applicable, is there a custody agreement? _____ Can the non-custodial parent pick up? _____
**If non-custodial parent cannot pick up a copy of custody papers is required for enforcement.*

EMERGENCY CONTACTS:

Please include names of people who we should contact in case of emergency if the parents listed above cannot be reached. Please be sure to tell them they are listed as emergency contact for your child and if called may be asked to pick the child up from school. By listing them here, you give permission for them to pick your child up from Tiny Hands Academy.

First: Full Name: _____ Contact phone: _____

Second: Full Name: _____ Contact phone: _____

Third: Full Name: _____ Contact phone: _____