

# MAGEMY

940 Flushing Avenue Brooklyn, New York 11206  
(718) 304-0380 or (718) 619 - 9219  
info@magemychildcare.com

## FAMILY REGISTRATION FORM

PARENT/GUARDIAN INFORMATION		
PARENT/GUARDIAN #1 NAME	PARENT/GUARDIAN #2 NAME	
PARENT/GUARDIAN #1 NUMBER	PARENT/GUARDIAN #2 NUMBER	
PARENT/GUARDIAN #1 EMAIL	PARENT/GUARDIAN #2 EMAIL	
ADDRESS		
CITY	STATE	ZIP CODE
CHILD(REN) INFORMATION		
CHILD #1 NAME	DATE OF BIRTH	GENDER(CIRCLE ONE) MALE / FEMALE
ALLERGIES/SPECIAL HEALTH INFO/MEDICATIONS		
CHILD #2 NAME	DATE OF BIRTH	GENDER(CIRCLE ONE) MALE / FEMALE
ALLERGIES/SPECIAL HEALTH INFO/MEDICATIONS		
CHILD #3 NAME	DATE OF BIRTH	GENDER(CIRCLE ONE) MALE / FEMALE
ALLERGIES/SPECIAL HEALTH INFO/MEDICATIONS		

AUTHORIZED PICKUP & EMERGENCY CONTACT LIST (Other than Parent/Guardian)		
NAME	TELEPHONE NUMBER	RELATIONSHIP TO CHILD(REN)
1.		
2.		
3.		
4.		
5.		
6.		
<ul style="list-style-type: none"><li>• We authorize MAGEMY to release our child(ren) to the above people if neither parent/guardian can pick up</li><li>• We understand MAGEMY will not release my child(ren) to anyone not listed above.</li><li>• We understand MAGEMY will not release my children to the people listed above unless they have a valid form of picture ID</li><li>• We authorize MAGEMY to contact the above persons if my spouse or I cannot be contacted in case of an emergency.</li><li>• Please list above in order who you would like to be contacted if neither parent/guardian can be reached</li></ul>		

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## WAIVER AND RELEASE OF LIABILITIES FORM

I hereby acknowledge and recognize that all activities within the MAGEMY involve inherent risks, dangers, and hazards which can cause serious personal injury or death. I understand that despite MAGEMY best efforts, not all inherent risks can be eliminated from the Activity. As such, I hereby freely assume and voluntarily accept all known and unknown risks of serious injury or death while participating in the activities at MAGEMY. My child's participation in the activities is voluntary, and I recognize that they are participating despite knowledge of the inherent risks of the activities. I acknowledge that the staff of MAGEMY has been available to more fully explain to me the nature of, and inherent risks in the activities. I further acknowledge and recognize that the best way to reduce the risks of serious injury or death is to use common sense and obey all posted signage.

### Emergency Medical Release

As parent/guardian, I give my permission for my child/children to receive whatever emergency medical care that may be deemed needed by MAGEMY personnel for the treatment of any injury that may be incurred while in the programs activities on premises or elsewhere. I understand MAGEMY will attempt to contact the listed guardians and if unreachable an emergency contact before or immediately after such emergency treatment is rendered. Medical form is due before the child's start date. NO child will be allowed to start before a complete medical form is on file.

### COVID-19

- All up to date CDC guidelines will be followed at all times.
- If the child is experiencing any COVID symptoms please keep them home, and notify MAGEMY.

### Payments

- All payments are due before the child is scheduled to attend the program. If the balance is not paid, the child WILL NOT be able to attend the program, unless other prior arrangements are made.
- Payments can be made by cash, credit card or check made out to "MAGEMY"
- Payments are also accepted by: Zelle(info@magemychildcare.com), CashApp(\$MAGEMY) or Venmo(@magemychildcare)
- All returned checks will be assessed a \$35.00 fee.

### Absence & Lateness

- Please notify MAGEMY by email (info@magemychildcare.com) or telephone (718-619-9219) if your child will be unable to attend the program on that day.
- There are **NO CASH REFUNDS** for a child missing the program. A MAGEMY credit will be issued for any days missed, with proper notification, which can be used toward any MAGEMY service.
- For **AfterSchool**, any cancellations after 10:00am will result in a \$10.00 cancellation fee. If a child is absent from school, and no notification is given to MAGEMY, parents will be charged full AfterSchool price with no refund or credit given.
- For **Holiday and Summer Camp**, any cancellations after 9:00am will result in a \$15.00 cancellation fee
- All children must be picked up on time. Any child picked up after 6:05 pm will be assessed a charge of \$10.00 per hour or any part thereof.

### Picture and Video Use

- As parent/guardian, I agree to allow my child to participate in all programs/trips and allow the use of any photographs or videos for media materials related to all of MAGEMY programs and any other applicable program managed/organized by MAGEMY and its entities. I also hereby agree and understand that I am entitled to receive no compensation for any of the materials that may be used in these promotions.

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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## CREDIT CARD AUTHORIZATION FORM

### Credit Card Information:

- By signing this form I authorize MAGEMY to charge my credit card, all fees due for the Child Care Program.
- I hereby agree, to the best of my knowledge the information on this form is correct.
- Payments are non-refundable. If a student is pulled from the program the account will be prorated for the days left for the program and given a MAGEMY credit which can be used toward any service given by MAGEMY.

### PLEASE PRINT CLEARLY

CARDHOLDER'S NAME (AS APPEARS ON CARD)	
CREDIT CARD NUMBER	
EXPIRATION DATE	CRV CODE (ON BACK)

### Credit Card Billing Information: (Associated with credit card used)

ADDRESS		
CITY	STATE	ZIP CODE

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date