



# MOHDC SmartStart Nature Academy Daycare Application

4718 Farragut Road (Inside Great Oaks Academy) Brooklyn, NY 11203  
(718) 282-6210 • (718) 282-5615 Fax  
<http://mohdcsmartstart.com> • [info@mohdcsmartstart.com](mailto:info@mohdcsmartstart.com)

**Instructions:** Neatly complete all fields of the application. Make a copy of the completed application for your records. Submit the application along with a medical form (completed by your child's physician) and a copy of your child's birth certificate.

**Information:** Applications are accepted in the order received until the site has reached its capacity. You will receive an email confirmation of your registration. Use only one application per attendee. Copies are acceptable.

**Payment Policy:** Parents will be responsible for weekly tuition for the entire year, regardless of child's attendance. Exceptions will be granted if your child is ill (in which case parents will pay half the agreed tuition). This must be supplemented by an official doctor's signature and official stamp.

**Weekly Fees:** Payments may be made by cash or money order only. Payments are due on Mondays or the first school day of the week.

\*\*\* Special discount for families with two (2) or more children \*\*\* All vouchers accepted. \*\*\*

Application Date: \_\_\_\_\_

## Student Information

Student name: (Last name) \_\_\_\_\_, (First name) \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Toilet trained:  Yes  No

Address: \_\_\_\_\_ (City and State) \_\_\_\_\_ (Zip) \_\_\_\_\_

## Legal Guardian Information

Mother's name: (Last name) \_\_\_\_\_, (First name) \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ (City and State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Father's name: (Last name) \_\_\_\_\_, (First name) \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ (City and State) \_\_\_\_\_ (Zip) \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorized Escort Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Important! Only persons authorized by the parent/guardian in writing and presenting a valid picture identification will be allowed to pick up the student if they are not listed on this application as an authorized escort. Further, the school retains the right to withhold your child from being picked up by anyone whose breath smells of alcohol or who appears to be intoxicated.*

## Tuition\*

I am eligible and approved for the HRA/ACS Voucher

You will be given one week to submit your Child Enrollment Confirmation (Placement Notice).

I am NOT eligible for the HRA/ACS Voucher

If you are not eligible for any voucher, please select the age and schedule needed below.

Full day: \$ \_\_\_\_\_ per week    or     Part time: \$ \_\_\_\_\_ per week

Toddler (18 months – under 3 years)    Full day (7:00AM – 2:50PM): **\$275.00 per week**

Part time (3:00PM – 6:00PM): **\$125.00 per week**

Preschool (3 year olds)    Full day (7:00AM – 2:50PM): **\$260.00 per week**

Part time (3:00PM – 6:00PM): **\$110.00 per week**

\* Families are responsible for a registration fee which covers learning materials and related supplies.

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

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OFFICE STAFF ONLY

Approved     Denied

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