



Bricks 4 Kidz of Queens, New York Registration Form



Class/Camp/NightOut Location: _____ Start Date: _____ End Date: _____
 Day(s) of Week: _____ Start Time: _____ End Time: _____
 Parents First Name: _____ Parents Last Name: _____
 Street Address: _____ City, State, Zip: _____
 Home Phone #: _____ E-Mail: _____
 Cell Phone #: _____ Alternate Phone #: _____
 Child's First Name: _____ Child's Last Name: _____
 Age: _____ Grade: _____
 Child's Birth Date: _____ Teacher (If applicable) : _____
 Parent Pick-Up: _____ After Care: _____
 Non-Parent Pick-Up (Provide Name & Phone #): _____

Special Instructions (i.e., Medical conditions) : _____

AMOUNT DUE \$ _____ **PAYMENT METHOD**
 Check #: _____ Cash: \$ _____ **CREDIT/DEBIT CARD INFO - FILL OUT FORM BELOW**
 Make Checks Payable To: **Bricks 4 Kidz** VISA MASTERCARD AMERICAN EXPRESS DEBIT
 Name On Credit/Debit Card: _____
 Credit Card#: _____ Expiration Date: _____
 Credit Card Code (3 digit # found in signature panel on back of card): _____ Amount To Be Charged: \$ _____
 (AMEX 4 digit # found on front of card)

BILLING ADDRESS (FOR CREDIT CARD)
 Street Address & Apt #: _____
 City, State, Zip: _____
 Signature (Electronic Signature Accepted): _____ Date: _____



For additional information contact us:
Call 917-205-1280
E-Mail: mchernow@bricks4kidz.com
www.bricks4kidz.com/458

