

For Staff Use Only
Reg Fee
Sept

DISCOVERING ME NURSERY SCHOOL

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Fax: (914) 833-3970

Please complete entire form (2 pages) and provide all information requested.

REGISTRATION INFORMATION

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ GENDER _____

_____ ZIP _____ SESSION MON TUES WED THURS FRI

HOME PHONE _____ HOURS _____

MOTHER/GUARDIAN _____ CELL # _____

OCCUPATION _____ BUSINESS # _____

WORK ADDRESS _____ CITY/STATE _____

FATHER/GUARDIAN _____ CELL # _____

OCCUPATION _____ BUSINESS # _____

WORK ADDRESS _____ CITY/STATE _____

BROTHERS/SISTERS _____

HOW DID YOU HEAR ABOUT US? _____

ALLERGIES _____

HEALTH PROBLEMS _____

DEVELOPMENTAL CONCERNS _____

KIDERGARTEN YOUR CHILD WILL ATTEND _____

EMERGENCY INFORMATION

CHILD'S PHYSICIAN _____ PHONE # _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (OTHER THAN PARENTS/GUARDIANS)

NAME _____ PHONE # _____

NAME _____ PHONE # _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENTS/GUARDIANS)

NAME _____ PHONE # _____

NAME _____ PHONE # _____

IN SIGNING BELOW I HEREBY GRANT TO THE AUTHORITIES OF DISCOVERING ME NURSERY SCHOOL TO SEEK EMERGENCY MEDICAL CARE FOR MY CHILD _____ . IT IS UNDERSTOOD THAT THE SCHOOL WILL ATTEMPT TO CONTACT THE ABOVE NAMED STUDENT'S PARENTS OR GUARDIANS TO INFORM THEM OF THE EMERGENCY AND THE MEASURES TAKEN. HOWEVER, SUCH COMMUNICATION IS NOT A PRECONDITION TO THE PERMISSION AND AUTHORIZATION HEREIN EXTENDED TO THE AUTHORITIES OF DISCOVERING ME NURSERY SCHOOL.

PARENT OR GUARDIAN SIGNATURE

DATE

IN SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED A BROCHURE FROM DISCOVERING ME NURSERY SCHOOL OR READ THE REQUIREMENTS PAGE ON THE DISCOVERING ME NURSERY SCHOOL WEBSITE, WHICH OUTLINES THE SCHOOL POLICIES AND /OR REQUIREMENTS ON SUCH INSTANCES AS DISMISSAL PROCEDURES, MEDICAL REQUIREMENTS, AN ILL CHILD, UNAUTHORIZED PICK-UP AND MEDICAL EMERGENCIES REGARDING MY CHILD. I UNDERSTAND AND AGREE TO THESE SAID POLICIES.

PARENT OR GUARDIAN SIGNATURE

DATE

IN SIGNING BELOW I GIVE PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN ALL NEIGHBORHOOD OUTDOOR ACTIVITIES, ON AND OFF SCHOOL PROPERTY, SUCH AS NEIGHBORHOOD WALKS, VISITS TO LOCAL BUSINESSES AND GOING TO THE PARK.

PARENT OR GUARDIAN SIGNATURE

DATE

WE WILL BE CREATING AND DISTRIBUTING A LIST OF PHONE NUMBERS AND ADDRESSES OF THE CHILDREN ENROLLED IN DISCOVERING ME NURSERY SCHOOL. WE NEED YOUR PERMISSION TO INCLUDE YOUR PHONE NUMBER AND ADDRESS ON THIS LIST. PLEASE SIGN BELOW IF YOU WOULD LIKE TO BE INCLUDED ON THIS LIST.

PARENT OR GUARDIAN SIGNATURE

DATE

FOR STAFF REFERENCE – CHECK THOSE ON FILE

IMMUNIZATION RECORD _____ PHYSICAL EXAMINATION _____