

GRACE NURSERY SCHOOL

REGISTRATION FORM

School Year – 2018 - 2019

Today's Date _____

Child's full name _____ Sex _____

Name by which child is called _____ Birth Date _____

Address _____ Telephone _____
Street Town Zip

Mother's Name _____ Occupation _____
Previous or Current

Business Telephone _____

Mother's Cell Phone _____ Mother's E-mail Address _____

Father's Name _____ Occupation _____

Business Telephone _____

Father's Cell Phone _____ Father's E-mail Address _____

Pediatrician _____ Telephone _____

General Health _____ Allergies _____

If your child has allergies please fill out allergy alert on the back of this form

Handicaps _____ Operations _____

List contagious diseases your child has had _____

Other children in the family and ages:

What are your child's chief play interests? Indoor _____

Outdoor _____

What contact does your child have with other children? _____

How do you hope Nursery School will help your child? _____

What would you specifically like your child to learn this year? _____

Previous school(s) attended _____

Are there any family, personal or physical issues that you would like to share with us that would help us to better understand your child? _____

Information to Parents –

I have received and read a copy of the Information to Parents statement prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Human Services.

Parent's signature _____ Date _____

Emergency Treatment –

In the event I and/or my child's physician cannot be reached, I hereby authorize the Administrator/Director at Grace Nursery School to provide whatever suitable medical treatment is required in case of emergency. It is understood that I will be advised of the nature and extent of such treatment.

Parent's signature _____ Date _____

Allergy Alert -

My child is allergic to _____. If he/she should come into contact with _____ the nursery school needs to administer the following medication _____.

Please note all medication will be kept in the Nursery School Office. Please list dosage, special instruction, possible side effect and expiration date _____

Please bring medication to office labeled with child's name and class.

Parent's signature _____ Date _____

No medication is needed for my child's allergy _____

Expulsion Policy –

I have received a copy of the center's policy on the expulsion of children from enrollment.

Parent's signature _____ Date _____

Participation –

_____ Serve on **Parent Advisory Board** (10 meetings a year – Tuesday mornings – babysitting provided)

_____ Be a **Class Parent** (make up monthly snack schedule)

I have information concerning the Nursery School's policies, days and hours of operation, and have informed the Nursery School of any special needs my child may have.

Parent's signature _____ Date _____