

REQUIRED SIGNATURES

Child's Name: _____
Last First

Parents' First Names _____

1. Information to Parents

I have read and received a copy of the *Information to Parents* statement prepared by the Office of Licensing in the Department of Children and Families.

Parent or Legal Guardian's Signature

Date

2. Expulsion Policy

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

Parent or Legal Guardian's Signature

Date

3. Family Directory (initial your preference and sign below)

_____ I **DO** wish to be included in the Family Directory

_____ I **DO NOT** wish to be included in the Family Directory

Parent or Legal Guardian's Signature

Date

4. Photo and Video Permission (initial your preference and sign below)

_____ I **DO** give WRC Nursery School permission to use my child's image and first name for school use, articles in local papers, and in communication released by WRC Nursery School and the Wyckoff Reformed Church.

_____ I **DO NOT** wish to have photographs or video taken of my child.

Parent or Legal Guardian's Signature

Date

5. Walk-About Permission

I give permission for my child to walk around the church property and to walk further if needed for evacuation.

Parent or Legal Guardian's Signature

Date

MEDICAL EMERGENCY CARD

(PLEASE PRINT CLEARLY)

Child's Name _____
Last First

Date of Birth ____/____/____

Address _____
Street City State Zip

Home Phone _____

Known Allergies _____

Mother's Name _____

Father's Name _____

Mother's Cell _____

Father's Cell _____

Employer Name & Phone _____

Employer Name & Phone _____

Employer Address _____

Employer Address _____

Mother's Signature _____

Father's Signature _____

E-Mail for WRC Nursery School communications: _____

Persons to be notified in case of emergency (other than parent):

<u>Name</u>	<u>Address/ Phone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

Persons authorized to pick up your child:

<u>Name</u>	<u>Address/ Phone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Care Provider:

Pediatrician's Name _____ Phone _____

Address _____
Street City State Zip

Insurance Carrier _____ Policy Number _____

Emergency Medical Authorization:

In the event I cannot be reached, I hereby authorize the WRC Nursery School Director or teacher in charge to take my child to a hospital for emergency treatment. I understand that I am responsible for all medical costs incurred with regard to examinations and medical services rendered. In case of an emergency, I give permission to the staff at WRC Nursery School/WRC, certified in CPR/First Aid by the American Heart Association, to administer CPR/First Aid to my child until medical personnel arrive at the school.

Parent or Legal Guardian's Signature

Date

WRC NURSERY SCHOOL
BACKGROUND INFORMATION

(Please attach additional comments on separate sheet if needed)

Child's Name _____ Date of Birth _____

School Year _____ Class/Teacher _____

List Siblings and their ages _____

Are there other members of the household? If so, list name, age, and relationship _____

Does your child nap? _____ When? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child have any special fears? _____

Does your child need assistance in the bathroom? (Explain) _____

If your child needs assistance, please initial your permission for the staff to assist him/her _____

Are there any foods or drinks that your child should not have? _____

Do you have any concerns about any aspect of your child's development? _____

Do you feel your child's speech is clear? _____

Can strangers understand when he/she speaks? _____

List any language(s) other than English used in the home _____

Does your child have frequent colds, sore throats, stomachaches, fevers, etc.? _____

Are there any special medical, physical, or emotional needs that the school or staff should be aware of? _____

Are there any family circumstances that we should be aware of? _____

How much television does your child generally watch each day? _____

What are your child's favorite activities? _____

What does your child enjoy doing with Mom? _____

What does your child enjoy doing with Dad? _____

Does your child play well alone? _____ In groups? _____

How do you calm your child when he/she is upset or afraid? _____

Does your child accept correction easily? _____

What is the method of discipline used in your home? _____

Does your child...

Enjoy listening to a story? _____

Follow simple directions? _____

Enjoy singing? _____

Enjoy listening to music? _____

Like to play pretend? _____

Have a special toy? _____

Please let us know anything else about your child that would help us know him/her better:

