

**\*OFFICE USE ONLY\***

Date of Admission \_\_\_\_\_

Age at Admission \_\_\_\_\_

# St. Paul's Nursery School

## Child's Information Form

Please fill out these forms completely and sign in ALL AREAS. If a question does not apply to your child, write N/A (not applicable). The forms must be submitted before the first day your child begins. Please notify us immediately if any of the information changes throughout the year.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Language of Child \_\_\_\_\_ Primary Language of Parents \_\_\_\_\_

**\*\*Please include documentation of a physical exam, immunization record and lead screening results with this information packet\*\***

Child's Identifying Information *(Please attach a current photo of your child to this document).*

Height \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Weight \_\_\_\_\_ Identifying Marks (birthmarks, scars, etc.) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_ Work Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Name \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home and possible side effects:

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

\_\_\_\_\_

## Transportation/Emergency Contact/Authorized Pick-Up Person(s)

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### EMERGENCY CONTACT PERSON(S)

In the event of an emergency when I may not be reached, St. Paul's Nursery School may contact the following individuals (in the order given) whom I authorize to take my child from the premises. **These contacts must be different from parent(s)/guardian(s), and we must have at least one emergency contact on file.**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

### AUTHORIZED PICK-UP PERSON(S)

I additionally authorize the following individual(s) to take my child from St. Paul's Nursery School at any time throughout the school year, unless otherwise noted.

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Copies of any custody agreements, court orders, restraining orders (if applicable please attach).

### TRANSPORTATION PLAN

#### My child will arrive to SPNS by:

\_\_\_\_\_ Parent/Guardian Drop Off

\_\_\_\_\_ Other (Please Specify)

#### My child will depart from SPNS by:

\_\_\_\_\_ Parent/Guardian Pick Up

\_\_\_\_\_ Other (Please Specify)

Any other transportation requests must be stated in writing and maintained in the child's file. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Emergency Medical Information Card**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home Address \_\_\_\_\_

**INSTRUCTIONS TO REACH PARENT/GUARDIAN:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer Name \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL EMERGENCY TREATMENT:**

I hereby give St. Paul's Nursery School permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_ and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

I understand that I will assume full responsibility for any accidents incurred thereby releasing St. Paul's Nursery School, its' staff, and its' directors of all liability.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Child's Physician or Health Care Professional**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information (OPTIONAL)**

Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Permissions

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Child's Name \_\_\_\_\_

### Walking Field Trips

We will take short walks in the neighborhood to the library, fire station, local playgrounds, etc. Your signature is required for your child to participate in these walks.

Please ✓ an option below:

\_\_\_\_ Yes, my child has my permission to go on walking field trips with St. Paul's Nursery School.

\_\_\_\_ No, my child cannot participate in walking field trips. *(This may prohibit them from attending school on days where walking field trips are scheduled if we do not have the coverage for a teacher to stay behind with them. We will be sure to give you advance notice of these days).*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Sunscreen

During the warmer months, St. Paul's Nursery School will apply sunscreen to all children in the afternoon before going outside when necessary. **\*Please apply at home before dropping your child off for our morning outside time during the warmer months (September/May/June).**

Please ✓ an option below:

\_\_\_\_ Yes, I authorize St. Paul's Nursery School to apply sunscreen to my child.

\_\_\_\_ Yes, I authorize St. Paul's Nursery School to apply sunscreen sent in from home to my child.

\_\_\_\_ No, I do not want St. Paul's Nursery School to apply sunscreen to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Hand Sanitizer

To prevent the spread of germs, St. Paul's Nursery School will apply hand sanitizer throughout the day as needed when hand washing is not available (i.e., walking field trips). We will monitor the safe application at all times.

Please ✓ an option below:

\_\_\_\_ Yes, I authorize St. Paul's Nursery School to give hand sanitizer to my child.

\_\_\_\_ Yes, I authorize St. Paul's Nursery School to give hand sanitizer sent in from home to my child.

\_\_\_\_ No, I do not want St. Paul's Nursery School to give hand sanitizer to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Picture Release Form**

Dear Parents/Guardians:

From time to time, we take photographs and videos of the children at St. Paul's Nursery School that will be used for marketing materials. We also use these pictures and videos to share with you, and for our monthly parent newsletters.

I DO / I DO NOT **(circle one)** give permission to have my child, \_\_\_\_\_ to appear in any photographs, videos, print media coverage, social media coverage, or promotional materials for St. Paul's Nursery School.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Written Acknowledgement of Receipt, Review & Agreement of Parent Handbook & Health Care Policies**

I acknowledge that I have received and reviewed a copy of the St. Paul's Nursery School parent handbook & health care policies, and agree with the policies and procedures set forth.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent E-Mail List**

I DO / I DO NOT **(circle one)** authorize SPNS to share your email with other SPNS families.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Best E-Mail to Use:** \_\_\_\_\_