

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)

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** _____

Permissions

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 Acknowledgment 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: _____