

FOR STAFF USE ONLY
Reg Fee _____
Sept _____

DISCOVERING ME NURSERY SCHOOL  
2051 Palmer Avenue  
Larchmont, New York 10538  
Phone (914)833-1756  
Fax (914)833-3970

Please complete entire form (front & back) and provide all information requested.

**REGISTRATION INFORMATION**

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS : \_\_\_\_\_ GENDER: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_ SESSION: Mon Tues Wed Thurs Fri

HOME PHONE : \_\_\_\_\_ HOURS : \_\_\_\_\_

E-MAIL : \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ CELL # \_\_\_\_\_

OCCUPATION : \_\_\_\_\_ BUS # \_\_\_\_\_

WORK ADDRESS : \_\_\_\_\_ CITY & STATE \_\_\_\_\_

FATHER/GUARDIAN: \_\_\_\_\_ CELL # \_\_\_\_\_

OCCUPATION : \_\_\_\_\_ BUS # \_\_\_\_\_

WORK ADDRESS : \_\_\_\_\_ CITY & STATE \_\_\_\_\_

BROTHERS/SISTERS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

HEALTH PROBLEMS: \_\_\_\_\_

DEVELOPMENTAL CONCERNS: \_\_\_\_\_

KINDERGARTEN 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 # \_\_\_\_\_

OVER

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 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 POLICES.

\_\_\_\_\_  
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, HOME ADDRESS AND E-MAIL ADDRESS ON THIS LIST. PLEASE SIGN BELOW IF YOU WOULD LIKE TO BE INCLUDED ON THIS LIST.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

WE WILL POST PHOTOS ON OUR WEBSITE OF CLASS ACTIVITIES AND EVENTS WHICH MAY INCLUDE YOUR CHILDREN. WE NEED YOUR PERMISSION TO PUBLISH IN PRINT, ELECTRONIC OR VIDEO FORMAT THE LIKENESS OR IMAGE OF YOUR CHILDREN. PLEASE SIGN BELOW IF YOU APPROVE AND RELEASE ALL CLAIMS AGAINST DISCOVERING ME WITH RESPECT TO COPYRIGHT OWNERSHIP AND PUBLICATION INCLUDING ANY CLAIM FOR COMPENSATION.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

FOR STAFF REFERENCE: CHECK THOSE ON FILE:

IMMUNIZATION RECORD \_\_\_\_\_ PHYSICAL EXAMINATION \_\_\_\_\_