



FOR STAFF USE ONLY
Reg Fee
Sept

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Please complete the entire form (front & back) and provide all information requested. You can fax or email back to us.

REGISTRATION INFORMATION

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ GENDER: _____

_____ ZIP _____ SESSION: Mon Tues Wed Thurs Fri

HOME PHONE: _____ HOURS: _____

E-MAIL 1: _____ E-MAIL 2: _____

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 # _____

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, ADDRESSES AND E-MAIL 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

MINOR PHOTO/VIDEO RELEASE

I GIVE DISCOVERING ME NURSERY SCHOOL PERMISSION TO PUBLISH IN PRINT, ELECTRONIC OR VIDEO FORMAT THE LIKENESS OF IMAGE OF MY CHILD _____, INCLUDING ON THE DISCOVERINGMENURSERY SCHOOL.COM WEBSITE. I RELEASE ALL CLAIMS AGAINST DISCOVERING ME WITH RESPECT TO COPYRIGHT OWNERSHIP AND PUBLICATION INCLUDING ANY CLAIM FOR COMPENSATION RELATED TO USE OF THE MATERIALS

PARENT OR GUARDIAN SIGNATURE

DATE

PLEASE CHECK HOLIDAYS CELEBRATED BY YOUR FAMILY FOR THE PURPOSE OF GIFTS MADE BY YOUR CHILDREN

___ EASTER ___ CHRISTMAS ___ PASSOVER ___ HANUKKAH ___ KWANZZA ___ OTHER
