



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

\_\_\_\_\_