**Child Information** Registration Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Start Date : \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

**HADDAM COOPERATIVE NURSERY SCHOOL- REGISTRATION FORM SHEET 1 OF 4**

**1st Child**

First Name: Middle Name: Last Name:

Name child prefers to be called: Enrollment Month & Year:

Child’s Address:

Gender: **□** Male **□** Female Date of Birth: / /

List any existing known medical conditions, medications and/or special attention your child may require and/or developmental concerns (ex. potty training, speech, motor development, eating, fears):

Known Allergies: Last tetanus shot:

Physician’s Name/Practice: Phone:

Physician’s Address:

**2nd Child**

First Name: Middle Name: Last Name:

Name child prefers to be called: Enrollment Month & Year:

Child’s Address (if different from above):

Gender: **□** Male **□** Female Date of Birth: / /

List any existing known medical conditions, medications and/or special attention your child may require and/or developmental concerns (ex. potty training, speech, motor development, eating, fears):

Known Allergies: Last tetanus shot:

Physician’s Name/Practice: Phone:

Physician’s Address:   
**Consent for Emergency Medical Treatment of a Minor**

I authorize any licensed physician to provide for proper treatment, order injections, hospitalize, give anesthesia or perform surgery for the child(ren) listed above. I understand that this authorization is given prior to any need for medical care, but is given to avoid any unnecessary delay in emergency treatment, which the physician may deem advisable in the exercise of his/her best judgment. I presume a reasonable attempt will be made to contact me/us.

If the situation permits, I prefer the following hospital(s):

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

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

**Parent/Guardian Information**

**HADDAM COOPERATIVE NURSERY SCHOOL- REGISTRATION FORM SHEET 2 OF 4**

|  |  |
| --- | --- |
| **Parent/Guardian** | Custodial Parent (If married, mark both parents) |

First Name: Middle Initial: Last Name:

Address:

Occupation: Employed By:

Work Address: Work Hours:

Home Phone: Work Phone: Cell Phone:

Email:

Marital Status: \_\_ Married \_\_Single \_\_Divorced \_\_ Separated \_\_ Widowed \_\_ Other

|  |  |
| --- | --- |
| **Parent/Guardian** | \_\_ Custodial Parent (If married, mark both parents) |

First Name: Middle Initial: Last Name:

Address:

Occupation: Employed By:

Work Address: Work Hours:

Home Phone: Work Phone: Cell Phone:   
Email:

Marital Status: \_\_Married \_\_ Single \_\_Divorced \_\_ Separated \_\_Widowed \_\_Other

**Emergency Contacts & Authorized Pickup Persons**

*Unless otherwise noted, it is assumed that both parents/guardians, listed above, may pick up your child(ren)*

**1st Contact/Pick Up**  Name: Phone:

Relationship to the Child(ren): \_\_\_Able to pick up all children in the family

E Not able to pick up the following children:

**2nd Contact/Pick Up**  Name: Phone:

Relationship to the Child(ren): \_\_\_ Able to pick up all children in the family

\_\_\_Not able to pick up the following children:

**3rd Contact/Pick Up**  Name: Phone:

Relationship to the Child(ren): \_\_\_Able to pick up all children in the family

\_\_\_Not able to pick up the following children:

**The following people are NOT authorized to pick up my child(ren):**

Name: Relationship to the Child(ren):

Name: Relationship to the Child(ren):

**Tuition / Payment Information**

**HADDAM COOPERATIVE NURSERY SCHOOL- REGISTRATION FORM SHEET 3 OF 4**

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

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

**Additional Comments & Information**

Is there any other information that would be helpful to our teaching staff? (Use a separate piece of paper if necessary)

*Please see teachers for additional allergy medical forms to be completed and kept on file. Please be sure to give any medications, epi-­‐pens, etc. that may be needed. In order to be sure you and the teachers are aware of the appropriate snack each day, please initial the snack choice each morning at school. If your child will be dropped off by someone other than a parent or guardian that day, please be sure to send a note with your snack intentions for that day. (Ex: My child will be allowed to have the appointed snack or I am sending in a snack for my child today). We hope the above provisions will help you feel safe having your child included in the school’s snack program. If you have any further questions, please just ask.*

|  |  |
| --- | --- |
| **Field Trip Permission**  I hereby give my child(ren): | **1st Child** Name: **2nd Child** Name: |

permission to participate on/during all field trips during the school year. If, for any reason, I don’t wish for my child(ren) to participate in a particular field trip, I will keep him/her home from school that day.

Parents/Guardians are responsible for providing transportation to and from field trips. Siblings NOT enrolled in the Haddam Cooperative Nursery School are NOT allowed to participate in school field trips.

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

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

**Parents Participation Agreement**

I have read the entrance information and the Bylaws and I understand that failure to participate in the three (3) General Meetings, including the May General Meeting prior to September enrollment, will result in a fine for each occurrence. I further understand that my failure to participate in certain Ways and Means activities (i.e. Children’s Fair) will also result in a fine. I also understand that my failure to comply with all of the above can result in my child being dropped from the Haddam Cooperative Nursery School. (Fines are set during the budget session and voted on at the May General Meeting).

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

HADDAM COOPERATIVE NURSERY SCHOOL- REGISTRATION FORM SHEET 4 OF 4

Photo Release Form

I grant to Haddam Cooperative Nursery School (HCNS) the right to take photographs of my child during the school year. I authorize HCNS, its assigns and transferees, to copyright, use and publish the same in print and/or electronically. I agree that HCNS may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent/guardian

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I do not wish for HCNS to take photographs of me and my family

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

Signature of parent/guardian

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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