



River East Scholar's Nursery School

Registration Form

Personal Information

:

Child's Name: _____ Date of Birth: _____
Last First

Home Address: _____
Street Address Postal Code

Parents/Guardians Names: _____

Phone # : _____ Cell Phone # _____ Email: _____

Siblings Names and ages:: _____

Medical Number : _____ PHIN: _____
6 digit # 9 digit #

Child's Physician : _____ Physician's Phone #: _____

Allergies/Restrictions:

- ☐ Food: _____
- ☐ Animals: _____
- ☐ Environment (Dust, etc.): _____
- ☐ Medication _____
- ☐ Other: _____

For Inclusion purposes what holidays does your family celebrate?

Are there any custody orders, court orders or any legal documents relevant to this child that the Nursery School should know about? (All information is confidential.)

Is there anything else you feel the teacher should know about your child?

Parent/ Guardian #1

Full Name: _____ Relationship: _____
Home Address (if _____
different from child's): _____ Email: _____
Home Phone# _____ Cell Phone # _____
Employer: _____
Employment Address: _____ Phone # _____

Parent/Guardian #2

Full Name: _____ Relationship: _____
Home Address (if _____
different from child's): _____ Email: _____
Home Phone# _____ Cell Phone # _____
Employer: _____
Employment Address: _____ Phone # _____

Emergency Contact Information

Please provide the following information for use in the event that staff are unable to reach parents/guardians in an emergency situation. Persons designated as an emergency contact will automatically be given pick up privileges.

Emergency Contact #1

Full Name:: _____ Relationship: _____
Address: _____
Home _____
Phone#: _____ Cell Phone # _____

Emergency Contact #2

Full Name: _____ Relationship: _____
Address : _____
Home _____
Phone# _____ Cell Phone# _____

Other adults who are authorized to pick up my child

Please provide the first and last name of adults who may pick up your child. Children will only be released to those people whose names appear on this list. Please ensure that the pickup person brings photo identification to present to staff at the time of pick up. Children may be released to individuals listed at any time and it is the responsibility of parents or guardians to inform staff of any changes to the pickup list.

Name: _____ Name:: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

Preferred Attendance

Class	Co-op (Volunteer in classroom)	Non Co-op clean classroom in the evening twice per school year
Monday/Wednesday/Friday Morning		
Monday/Wednesday/Friday Afternoon		
Tuesday/Thursday Morning		
Tuesday/Thursday Afternoon		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature of Parent/Guardian _____ Date: _____