

CHILD INFORMATION and AUTHORIZATION _____ **SCHOOL YR** **Date** _____

Child's Name: _____ M F DOB: ___/___/___ age as of 9/1 _____
Last First Middle Sex Mo Day Yr yr/mo

Home _____
Address City State Zipcode

Home Phone: _____ Parent #2 Name _____

Parent # 1 Name _____ Parent # 2 Place of Employment _____

Parent # 1 Place of Employment: _____ Parent #2 Work Phone: _____

Parent # 1 Work phone: _____ Parent # 2 Cell Phone: _____

Parent Cell Phone: _____ email address to receive newsletters/Info _____

Children's Place will not share your email address with anyone outside CP. This is strictly for correspondence between the CP office and how you will receive monthly newsletters from the office and teachers. When school newsletters or notices are sent out, family emails will be blind copied to retain privacy. Thank you for helping us become more "green".

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HEALTH INFORMATION AND AUTHORIZATION

Allergies (drugs, foods, insect bites, etc) : _____ Symptoms: _____

Does child have an allergy that requires an epi-pen? YES NO IF YES request an addtl' form in office

Does child have asthma that is controlled by an inhaler? YES NO IF YES request an addtl' form in office

Any food restrictions: (for example vegetarian, geletin, citrus) _____

(Doctor/Dentist Must be complete with names/address/phone numbers) This is a requirement by the state

Child's Physician _____ Address and Phone _____

Child's Dentist _____ Address and Phone _____

You can put your own dentist down if your child has not been seen yet, but this space cannot be left blank.

EMERGENCY CONTACT (Two others NOT parents of the child) CANNOT BE LEFT BLANK

Please list the **names, address and phone numbers** of two **LOCAL** people who can assume temporary responsibility for your child if you cannot be reached. (i.e. a local neighbor, friend, co-worker or relative.

1. Name: _____ Relationship _____ Home #: _____
First Last Work #: _____

Address: _____ Cell #: _____

2. Name: _____ Relationship _____ Home #: _____
First Last Work #: _____

Address: _____ Cell #: _____

You may always contact the office or your child's teacher if someone else will pick your child up on a one time basis. For safety reasons, the person who will be picking up will need to provide proof of identification

SUNSCREEN: Do you want sunscreen put on your child before going outside the fall and spring seasons when we are in school. YES NO thanks If you want to provide sunscreen you are welcome to bring that in, otherwise CP will provide Coppertone Water Babies SPF 50 brand to be put on your child.

FOR PRESCHOOL CLASS ONLY: I understand the *Preschool class* (apple/sunshine rooms) meet on the playground at 9:00. I understand I will need to put sunscreen on my child before they are brought to school.

_____ **Parent Sig.**

Medical Authorization: In case of an emergency, I authorize Children’s Place staff to obtain emergency service (911) for my child and appropriate qualified EMT personnel to administer treatment at the nearest medical care facility. I understand everything will be done to contact me in the case of an emergency and I will be informed where and when my child was transported. I agree to pay all costs and fees contingent on any transportation or medical treatment for my child as secured or authorized under this consent.

I also grant permission for Children’s Place to:

1. Release health information to the Commissioner of Health, Public Health Nurse, or State Health Dept.
2. Include your child’s name, address and phone number in class rosters and class directories.
3. Allow my child to leave the school premises under the supervision of a CP teacher for neighborhood walks.
4. Include my child in evaluations with the school program. (none published outside of CP).
5. I give permission for pets to visit my child’s classroom. Parents will be notified of a pet visit in advance.
6. I understand that class rosters are made available to the parents in my child’s classroom, if I choose to not have my information included it is my responsibility to notify the CP office.
7. Include quotes or funny stories regarding my child on our face book page or newsletter. Names will not be included and any photos that may be used will first be sent to the parent for permission.

PARENT’S SIGNATURE _____ **DATE:** _____

During the summer months June through August, the first months tuition **will not** be refunded unless you contact Children’s Place Nursery School by July 15th. Between July 16th and August 31st, the first month’s tuition will only be reimbursed if we can fill your child’s placement. **The \$55 for one child or \$60 for two or more children reg. fee, which is paid at the time of enrollment, is non-refundable. Sept tuition will be due in May.**

During the school months September through May, a written 30-day notice to the Children’s Place office is required for withdrawl/absence from Children’s Place Nursery School. Tuition reimbursement will be prorated according to the date the 30-day notice is received. (ie. If notice is given Jan. 13th, you are responsible for tuition 13 scheduled days into Feb.)

If your child will be **absent for an extended period of time** and you wish to hold your child’s placement, tuition will be due as scheduled. If you wish to withdraw your child for that period of time, you will be required to give a written 30 day notice and you will need to contact Children’s Place when you return to see if there if a placement available.

I understand that **tuition is due by the 1st of each month** and late fees will be added if payment is after the 3rd. (no matter what day of the week the 3rd of each month lands on)

I have read and agree to follow the policies stated above.

SIGNATURE _____ **DATE** _____