

## Garden City Nursery School Registration/Emergency Contact Information

<b>Child's Full Name</b>			
<b>Child's Home Address:</b>		<b>Date of Birth:</b>	
		<b>Home Telephone Number:</b>	
	<b>Parent/Guardian Name:</b>	<b>Home Telephone Number</b>	<b>Cell Number</b>
<b>1</b>			
<b>2</b>			
<b>Address of person listed above: (if different from child's)</b>			

### OTHER EMERGENCY CONTACT DATA

RELATIONSHIP	CONTACT NAME	TELEPHONE # DURING SCHOOL	OTHER TELEPHONE #

<b>Child's Full Name</b>	
<b>Does your child have any allergies?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, what is your child allergic to?</b> _____	<b>Reaction</b>
<small>Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your Classroom teacher and Director.</small>	
<b>Child's Source of Medical Care/Primary Care Physician's Name:</b>	<b>Telephone Number:</b>
<b>Child's Source of Dental Care/Dentist's Name:</b>	<b>Telephone Number:</b>
<b>Name of Medical Care Facility/Hospital:</b>	<b>Telephone Number:</b>

### AGREEMENTS

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision.

Yes    No

In case of accident or injury, I authorize any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child.    Yes    No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency.    Yes    No

I give permission for my child to be transported in an emergency.    Yes    No

I agree to review and update this information whenever a change occurs and at least once every six months.    Yes    No

I have received and read the Garden City Nursery School 2017-2018 handbook.    Yes    No