

NPNS ENROLLMENT & EMERGENCY MEDICAL CARE FORM

Date Of Enrollment _____

Class (Please circle one) 2's 3's 4's Pre K

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

Child's Address: _____ City: _____ Zip Code _____

Mother's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Mother's Employer: _____ Work#: (____) _____

Mother's Employer Address: _____ City: _____ Zip Code _____

Father's Name: _____ Address: _____

City: _____ Zip Code: _____ e-mail Address: _____

Home Telephone #: (____) _____ Cell #: (____) _____

Father's Employer: _____ Work #: (____) _____

Father's Employer Address: _____ City: _____ Zip Code _____

In an emergency, which parent should be called first? _____

In an emergency, adults to be contacted if parent cannot be reached and to whom the child can be released.

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Name: _____ Phone #: _____ Relationship _____

Medical Information

Known Allergies: _____ Epi Pen or Inhaler: _____

Insurance Carrier: _____ Insurance ID: _____

Child's Pediatrician: Name: _____ Phone Number: _____

Child's Dentist: Name: _____ Phone Number: _____

Emergency Authorization

I give my consent for the First Aid and CPR certified staff of **NPNS** _____, to administer first aid and CPR to my child and to contact the above-named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees.

Preferred Hospital of Choice: Stamford _____ Norwalk _____

Behavior Management and Parent Handbook

I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility, and have had the opportunity to discuss them prior to enrollment.

Print Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

NPNS DISMISSAL PERMISSION FORM

Child's Last Name

Child's First Name

Class/Program Child is Enrolled

I give my permission for Noroton Presbyterian Nursery School to dismiss my child to the following people and/or their caregivers in the event I am unable to pick up my child. Please include anyone who will be part of your carpool. (Use back for additional names.)

1. _____ Phone# _____ Relationship _____
2. _____ Phone# _____ Relationship _____
3. _____ Phone# _____ Relationship _____
4. _____ Phone# _____ Relationship _____
5. _____ Phone# _____ Relationship _____
6. _____ Phone# _____ Relationship _____
7. _____ Phone# _____ Relationship _____

I **do not** give my permission to dismiss to a caregiver. ONLY NAMES SPECIFIED ABOVE.

Parent's Signature

Date

My child's caregiver has my permission to sign off on field trip permission slips and to coordinate playdate arrangements.

Parent's Signature

Date