

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE ON
YOUR CHILD'S FIRST DAY OF SCHOOL**

CHILD'S NAME _____

ALLERGIES

MY CHILD HAS THE FOLLOWING ALLERGIES

MY CHILD HAS NO KNOWN ALLERGIES _____
PLEASE SIGN HERE

FOOD PERMISSION

I GIVE PERMISSION FOR MY CHILD TO EAT THE FOLLOWING FOODS:

“FLA-VOR-ICE” (FREEZER POPS) _____ INITIAL PLEASE

DUNKIN’ DONUTS MUNCHKINS _____ INITIAL PLEASE

MY CHILD CANNOT HAVE ANY OF THE ABOVE TREATS _____
INITIAL PLEASE

THE CDSCN IS NUT-FREE. IF YOU WISH TO BE INFORMED IN ADVANCE OF
ANY TREATS THAT WILL BE SERVED DURING CLASS PARTIES, PLEASE
INITIAL HERE _____

SUNSCREEN

I AGREE TO PUT SUNSCREEN ON MY CHILD EACH MORNING. I
UNDERSTAND IT WILL BE REAPPLIED IN THE AFTERNOON FOR FULL DAY
STUDENTS AS NEEDED. _____ INITIAL PLEASE

PERMISSION TO WALK AROUND CDSCN

I GIVE PERMISSION FOR MY CHILD TO BE ESCORTED ON THE SIDEWALK
AROUND THE COUNTRY DAY SCHOOL OF COLTS NECK FOR THE PURPOSE
OF NATURE WALKS AND/OR EXERCISE. _____ INITIAL PLEASE

PERMISSION TO PHOTOGRAPH

I GIVE PERMISSION FOR MY CHILD'S IMAGE TO BE DISPLAYED WITHOUT
REFERENCE TO HIS OR HER NAME ON:

THE CDSCN WEBSITE _____ INITIAL PLEASE

THE CDSCN FACEBOOK PAGE _____ INITIAL PLEASE

THE CDSCN INSTAGRAM PAGE _____ INITIAL PLEASE

I DO NOT GIVE PERMISSION FOR MY CHILD'S IMAGE TO BE USED _____
INITIAL PLEASE

ILLNESS POLICY

TO HELP KEEP ALL OUR STUDENTS HEALTHY, I AGREE TO KEEP MY CHILD HOME FROM SCHOOL IF HE OR SHE IS UNABLE TO PARTICIPATE IN ALL CLASSROOM AND OUTDOOR ACTIVITIES. I UNDERSTAND THAT MY CHILD MUST BE FEVER-FREE WITHOUT A FEVER REDUCING MEDICATION AND/OR DIARRHEA-FREE FOR A MINIMUM OF 24 HOURS BEFORE RETURNING TO SCHOOL. IN ADDITION, I UNDERSTAND THAT MY CHILD MUST BE PICKED UP FROM SCHOOL WITHIN ONE HOUR OF DEVELOPING A FEVER, AFTER HAVING HAD TWO CASES OF DIARRHEA, AFTER HAVING HAD ONE CASE OF VOMITING OR AFTER EXHIBITING ANY SIGNS OF AN ILLNESS THAT IS SUSPECTED TO BE CONTAGIOUS.

_____ INITIAL PLEASE

LATE PICK-UP POLICY

WE RECOGNIZE THAT THERE ARE EMERGENCY SITUATIONS THAT MAY CAUSE YOU TO PICK UP YOUR CHILD LATE ON OCCASION. BECAUSE THIS PUTS OUR STAFF OUT OF RATIO, HABITUAL LATE PICK-UPS (2 OR MORE) IN EXCESS OF 5 MINUTES WILL BE CHARGED AT A RATE OF \$10 FOR EVERY 5 MINUTES PAST YOUR CHILD'S SCHEDULED DISMISSAL TIME.

_____ INITIAL PLEASE

PERMISSION TO BE INCLUDED ON "FRIENDSHIP LIST"

I GIVE PERMISSION FOR MY PERSONAL CONTACT INFORMATION TO BE INCLUDED ON A "FRIENDSHIP LIST" TO BE PROVIDED TO MY CHILD'S CLASS.

EMAIL ADDRESS: _____

CELL PHONE NUMBER: _____

HOME ADDRESS: _____

THANK YOU FOR YOUR COOPERATION!