

<input type="checkbox"/>	Registration Fee
<input type="checkbox"/>	Immunizations
<input type="checkbox"/>	Medical Form
<input type="checkbox"/>	General Release
<input type="checkbox"/>	Criminal Affidavit

Edwards Memorial Nursery School

4 West Seminary Street

Liberty, IN 47353

(765) 458-7480

Childs Name

Known As: _____ Gender: _____

DOB: _____

Home Address

City

State

Zip

Mother's Name _____ Father's Name

Phone Number _____ Phone Number

Employer _____ Employer

Work Phone _____ Work Phone

** Person(s) with legal custody of the child:

Person(s) to contact when parents cannot be reached:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Other people in the household:

Name

Relationship

Age

Class Preference requested NOT guaranteed

(Circle one)

3-4 yr old class (2-3 years of preschool)

AM or PM

4-5 yr old class (1-2 years of preschool)

AM or PM

Mother's Signature : _____ Father's Signature

**** Please include an \$80 nonrefundable deposit for Registration fees****

Medical information

Child's Name:

—

Please attach a copy of your child's immunization records from your doctor or health department

A record of immunization is required by law for entrance into school. Be sure to complete any series of immunizations once they are started.

Medical Conditions EMNS should be aware of:

Is there any reason your child may not participate in physical activities?

Allergies:

Name of Child's Physician

Phone #

Name of Preferred Hospital

Phone #

In accordance with state law, we must have on file the names, addresses, and telephone numbers of the individual(s) with whom your child may be released. If someone arrives to collect your child and we have not been informed of their arrival and their name is not on our files we CANNOT allow your child to be released to them. This policy is in effect for the safety of your child.

Please list below the names, addresses and phone numbers of any individual whom your child may be released to. This list can be updated at any time.

_____ May be released to the following individuals:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*I understand if a person's name does not appear on this list my child will not be released From EMNS to that person.

Mother's Signature

Father's Signature

Date Date

Routines will become established. Please let us know if someone other than your regular chaperone will be coming for your child.

If your child will be absent from school, it is necessary for the parent to call the preschool ahead of time.

My child, _____ has my permission to go on Walking Field Trips with Edwards Memorial Nursery School.

Mother's Signature Father's Signature

Date Signed Date Signed

Edwards Memorial Nursery School may obtain medical attention for my child, _____, should an emergency situation occur and I cannot be reached.

Mother's Signature Father's Signature

Date Signed Date Signed

Mother/Gurardian 1

Please fill out the Criminal affidavit form required by the United Methodist Church Child Protection Guidelines. A new one must be filled out EACH YEAR for each parent or guardian. A list of Response procedures to be followed by the church and reschool are available upon request.

A) I, _____ . Have not been convicted of any crime and/or offense, other minor traffic offense in any jurisdiction in the past seven (7) years.

B) I, _____ . Have been convicted of any crime and/or offense, other minor traffic offense in any jurisdiction in the past seven (7) years.

I affirm, under penalty as specified by !.C. 35-44-2-1-that the foregoing representations are true, the _____ day of _____ in the year

Signature

Father/Gurardian 2

Please fill out the Criminal affidavit form required by the United Methodist Church Child Protection Guidelines. A new one must be filled out EACH YEAR for each parent or guardian. A list of Response procedures to be followed by the church and reschool are available upon request.

A) I, _____ . Have not been convicted of any crime and/or offense, other minor traffic offense in any jurisdiction in the past seven (7) years.

B) I, _____ . Have been convicted of any crime and/or offense, other minor traffic offense in any jurisdiction in the past seven (7) years.

I affirm, under penalty as specified by !.C. 35-44-2-1-that the foregoing representations are true, the _____ day of _____ in the year _____

Signature

Permission to publish

I exercise my right TO PERMIT Edwards Memorial Nursery School to publish my child's

First Name Only

Photograph

Student created project

For publication on the Edwards Memorial Nursery School web page or school promotions

Student's name: _____

Parent: _____

Date: _____

I exercise my right TO DENY Edwards Memorial Nursery School to publish my child's

First Name Only

Photograph

Student created project

For publication on the Edwards Memorial Nursery School web page or school promotions

Student's name: _____

Parent: _____

Date: _____