Please print neatly

Pick-Up List _____	Reg. Fee _____
Immunizations _____	
Medical Form _____	
General Release _____	
Criminal Affidavit _____	

Edwards Memorial Nursery School
4 West Seminary Street
Liberty, IN 47353
(765) 458-7480

Application for Admission

Child's Name _____
Last First Middle

Known As: _____ Gender: _____ DOB: _____

Home Address: _____

_____
City State Zip

Home Phone: _____ Cell Phone: _____
E-mail Address (for directory): _____
Mother's Name: _____ Father's Name: _____
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 but not guaranteed. (Please Circle One)
3 - 4 year old class (2 years of preschool) AM or PM
4 - 5 year old class (1 year of preschool) AM or PM

**My child's name, my name, address and phone number may be printed in the school/student directory. (Please Circle One) YES or NO

Mother's Signature: _____ Father's Signature: _____

Please include a $65 check payable to EMNS for registration fees

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Medical Information Form

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. One or two doses of a series will not provide adequate protection.

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

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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 introduced and their name is not in 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 you child may be released to. This list may be updated at any time by contacting the Preschool, Director.

_____ may be released to the following individuals:
Child's Name

Name	Address	Phone	Relationship

** I understand if a person's name does not appear on this list, my child will not be released from Edwards Memorial Nursery School to that person.

_____ _____
Mother's Signature Father's Signature

_____ _____
Date Signed Date Signed

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

If your child will be absent from preschool, it is necessary for the parent to call the preschool ahead of time. You may simply leave a message.

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Release Forms

****

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

****

Please fill out this Criminal Affidavit form required by the United Methodist Church Child Protection Guidelines. A new one must be filed out **each year** for each parent or guardian. A list of Response procedures to be followed by the church and preschool are available upon request.

CRIMINAL HISTORY AFFIDAVIT

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

B) I, _____, have been convicted of the following crimes and/or offenses, other than a minor traffic offense, felony and misdemeanor, in the following jurisdiction(s) in the past seven (7) years.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

_____
Signature

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_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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

_____
Signature

PERMISSION TO PUBLISH

Please initial box(s).

I exercise my right **to Permit** Edwards Memorial Nursery School to publish my child's

☐ First Name only

☐ Photograph, and/or

☐ Student created project

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

Students name:_____

Parent:_____
(Signature)

Date:_____

Please initial box(s).

I exercise my right **to Deny** Edwards Memorial Nursery School to publish my child's

☐ First Name only

☐ Photograph, and/or

☐ Student created project

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

Students name:_____

Parent:_____
(Signature)

Date:_____