

NOAH'S ARK PRESCHOOL

1154 Great Plain Avenue Needham, MA 02492 781/449-2439 office@noahsarkneedham.org

Enrollment Form 2019 - 2020

For Office Use Only:

Date Enrolled: _____

Child Information

Name of Child: _____ Date of Birth: _____

Address: _____ zip code: _____

Place of Birth: _____ Siblings and Dates of Birth: _____

Parent Information

Parent Name: _____ **Parent Name:** _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Home Address: _____ Home Address: _____

Name of Business: _____ Name of Business _____

Work Address: _____ Work Address: _____

Email Address: _____ Email Address: _____

In case of emergency and parents cannot be contacted, notify:

Name: _____ **Relationship:** _____

Phone: _____ Address: _____

Name: _____ **Relationship:** _____

Phone: _____ Address: _____

Child's Physician/ Clinic

Name: _____ Phone: _____

Identifying Information: (required by the EEC)

Eye Color _____ Hair Color _____ Height _____ Weight _____ Sex _____ Race _____

Identifying Marks _____

Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

However, if I cannot be reached, I hereby authorize the Noah's Ark Preschool to secure transport my child to the _____ hospital or the nearest hospital and to obtain necessary medical treatment for my child. I understand that the teachers in the preschool are trained in the basics of first aid and CPR and I authorize them to give first aid or CPR when appropriate.

Health Insurance Information

Health Insurance Company: _____

Health Ins. Co.'s State and/or Phone Number: _____

Subscriber's Name and Relationship: _____

Policy number : _____

Medical History Records

I authorize the following people, outside of the Noah's Ark staff, to have access to my child's Medical history Form and/or health records kept at Noah's Ark Preschool in case of emergency:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I do not wish to authorize anyone else.

Authorized Pick Up List

I hereby authorize the Noah's Ark Preschool to release my child to the following persons:

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Name: _____ **Relationship:** _____

Phone: _____ **Address:** _____

Transportation Plan and Authorization

(Required by the MA Department of Early Education and Care)

Check all that apply

My child will arrive at the program

___ Parent Drop Off

___ Supervised Walk

___ Private Trans. Arranged by Parent

___ Other

:

My child will depart from the program:

___ Parent Pick Up

___ Supervised Walk

___ Private Trans. Arranged by Parent

___ Other

Photograph Permission

I give Noah's Ark Preschool permission to take my child's photograph or use a video camera within the preschool setting, as well as on field trips. The photographs will be used for in school purposes such as bulletin boards and class books, and marketing purposes such as flyers and brochures.

___ YES
___ NO

I give Noah's Ark Preschool permission to use my child's photograph on social media (the NAP closed Facebook page).

___ YES
___ NO

General Permission for Nearby Field Trips

I give permission for my child to participate in nearby field trips supervised by the staff at the Noah's Ark preschool. These trips may include but are not limited to: the local post office, the Needham library, the local supermarket, etc. I understand that my child may walk or that local school buses or other forms of transportation may be used to transport my child. I understand that Noah's Ark Preschool staff will notify me in writing, and in advance, of all field trips.

General Permission for Observation

I give permission for my child to be observed by someone other than NAP staff or the parents of other children in the program. In these instances, there will be no interaction between my child and the observer and no identification of my child. I understand that individual, informed consent would be obtained if NAP wished to have an observation of my child for which identification and interaction were necessary.

Noah's Ark Preschool Policies and Procedures

I have read the Noah's Ark Preschool Parent Handbook, and I agree to the policies and conditions as outlined therein.

I agree to the policies and conditions outlined in the Noah's Ark Preschool Handbook.

I have filled out this Enrollment Form and agree to the information provided here regarding my child.

Signature of Parent or Guardian _____ Date _____