

Nursery School

Date: 2009/2010

Christ United Methodist Church Child Care Center ~ 44 Highland Road ~ Bethel Park, PA 15102 ~ 412-854-4310

Child's Name:	Child's Birth date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name child is usually called:	Child's Age as of September 1, 2008:	
	T-Class ONLY Child's Age as of September 30, 2008:	
Mother's Name:	Father's Name:	
Address:	Address:	
City, State Zip	City, State Zip	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Work Place/Phone:	Work Place/Phone:	

CHILD'S HISTORY

Were there any difficulties with your pregnancy? Yes No If "Yes" please explain:

Has your child attended any classes or had any experience in a group setting?

Do you have any concerns about your child entering a group setting?

How do you feel your child learns best? For example: visually or verbally

Additional Information on special needs of child:

ALLERGIES (including medication reaction):

Daily Medication:

Medical Information necessary in an emergency situation:

Child's Physician's Name and Phone Number:

EMERGENCY CONTACT PERSON(S) while child is in Nursery School (in addition to parents)		
Name	Address	Phone Number

PHOTOGRAPH PERMISSION: From time to time, pictures of student activities or special occasions are taken at the Center. These pictures almost always include children here at the Center. Sometimes the resulting pictures are sent to newspapers or other media including Center and Church materials for publication. Please indicate below if you ARE or you ARE NOT giving your permission.

YES A photograph of my child MAY be used. NO A photograph of my child MAY NOT be used.

CLASS DIRECTORY PERMISSION: A class directory is distributed to each family within each class. The child's name, child's birth date, parents' names, home address and home phone number is included on this class list.

YES my family's information MAY be included. NO my family's information MAY NOT be included.

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW	
Obtaining Emergency Medical Care	Administering of Minor First-Aid Procedures
Walks (Indoors and outdoors)	
<p>In case of a medical emergency when I (or my designated Emergency Contact) cannot be reached immediately, the Director of the Nursery School has my permission to provide the necessary medical attention to ensure the physical well-being of my child: _____</p> <p>Should this attention include calling emergency medical assistance (i.e., ambulance, paramedics, etc.), I understand that these attendant costs will be paid by me.</p>	
_____ Parent's Signature	_____ Date