

2017

*MOTHER GOOSE
NURSERY SCHOOL*

*REGISTRATION
PACKET*

Mother Goose Child Registration Form

Last Name: _____

First Name: _____ *Middle:* _____

Nickname: _____

Birth Date: _____ *Gender:* _____

Start Date: _____

Names of Siblings: _____

Choice of Program:

2 day program

3 day program

5 day program

Time Slot Choice:

9AM-12PM

9AM – 3PM

8AM – 4PM/ 9AM–5PM

7:30AM – 5:30 PM

Customized Schedule

Date of Acceptance: _____

Date of Discharge: _____

Parents or Guardians

Last Name: _____ *First Name:* _____

Relationship to the child: _____

Address: _____

City: _____ *Zip:* _____

Home Phone: _____ *Cell Phone:* _____

Employer: _____

Work Phone: _____

Last Name: _____ *First Name:* _____

Relationship to the child: _____

Address: _____

City: _____ *Zip:* _____

Home Phone: _____ *Work Phone:* _____

Employer: _____

Other Emergency Contact: _____

Email Address: _____

Authorization for Pick-Up

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name and phone number of any other person/s who you are authorizing to pick up your child on your behalf.

Name: _____

A parent/guardian's verbal authorization for pick up must be received before your child will be released to anyone not listed here. If not received and we cannot reach you by phone, the child will not be released.

Authorization of Field Trips

I hereby give my consent to Mother Goose to allow my child to go on trips away from the school grounds under proper supervision of staff.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Authorization of Photos

I hereby give my consent to Mother Goose to allow photos to be taken of my child/ren and shared.

Yes No

(Children will not be named on any Internet site)

Medical Information

NYS Child Safety regulations require that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form.

Physician: _____

Office Phone #: _____

Address: _____

City: _____

Medical Ins. # _____

Dentist: _____

Phone: _____

Allergies: _____

Child's Personal ID#: _____

Medical Problems: _____

Medications: _____

I hereby certify that the above named child is physically fit to participate in all of the activities of a Pre-School program.

Physician's Signature: _____ MD.

Address: _____

Phone #: _____

Date: _____

Please sign below so that we can take appropriate action of behalf of your child.

IMPORTANT: MEDICAL AUTHORIZATION

*In case of emergency, I understand every effort will be made to contact me. In the event, that our family physician/pediatrician, or I, the undersigned, cannot be reached in an **EMERGENCY**, I hereby give permission for Mother Goose Nursery School to call 911 to secure proper treatment for my child as named above.*

Parent/Guardian Signature

Date

Getting Acquainted With Your Child

To be filled out by parents to help their child have a happy experience in his/her class

Child's Name _____ Birthday _____ Year _____

Name Child Prefers _____ Pets _____

Favorite Play Materials _____

Family Activities that include child _____

Nursery School or organized group child has attended _____

Opportunities to be with children of own age _____

Does he listen to stories? _____ Music? _____ TV? _____

Special problems: Fears _____ Food _____ Health _____

Words used to indicate toilet needs _____

Special Experiences (trips, etc.) _____

Other children in family: Name	_____	Age	_____
	Name	_____	Age
	Name	_____	Age
	Name	_____	Age

Other adults living in home besides parents: Name	_____	Relation	_____
	Name	_____	Relation

Is child living with both parents? _____ Mother? _____

Father? _____ Grandparents? _____ Other? _____

Father's name _____

Mother's name _____

What special help do you hope to receive from the Nursery School for your child? _____

Interest you might share with a group of children? (Music, art, nature, etc.) _____

Additional information: (Please feel free to inform us of anything else that you think may help your child to have a meaningful and happy nursery school experience.) _____