

Brothers and sisters if any:

NAME

AGE

NAME

AGE

Other members of household, excluding brothers or sisters, i.e. grandparents, borders, etc.

General health of child: List disabilities, allergies, etc., of which the teachers should be made aware of:

We would like your comments about the expected development of your child during the year:

ADDITIONAL INFORMATION

For our teachers to help with the development of your child, please answer the following:

What activities does your child enjoy?

How would you say your child reacts under stress? (Such as being hurried, etc):

How does your child deal with sharing?_____

Will your child play in a group or by himself/herself?_____

Is there anything that frightens your child? (I.e. darkness, loud noises, dogs, etc)_____

Social contact experiences

Camping _____ Movies _____ Sunday School _____
Concerts _____ Stories _____ Pets _____

Does your child have an interest in any of the following?

Books _____ Stories _____ Pets _____
T.V. _____ Outdoors _____ Others _____

Is music a part of your family activities? _____

Please list some favorite toys: _____

Parents' special talents that the Nursery School could use (i.e. typing, music, sewing, etc.) _____

Would you be a volunteer phoner? (E.g. school closure due to extreme weather, etc.) _____

If interested in a position on our Executive, please indicate here: _____

How did you learn about our program?

Friend or relative _____ Newspaper _____
Outside sign _____ Telephone Book _____
Other _____

I have read and understand about the monthly fees and notice of intent to withdraw my child. I am willing to comply with this and with any specific restrictions discussed in the Nursery School's information pamphlet. I understand this application is to be returned, with release form and vaccination form completed, to ensure enrollment of my child. Brandon Nursery School Inc. and/or teachers are not responsible for transportation of children to and from the school.

Signed: _____

Name

Date

RELEASE FORM

Please list the names and phone numbers of any individuals to whom your child MAY BE RELEASED: _____

(Photo I.D. may be required for verification.)

Please list the names of individuals to whom your child MAY NOT BE RELEASED: _____

Picture Release

I hereby grant permission for my child to be photographed and/or videotaped by Nursery School staff for program purposes.

I hereby release for publication or telecast in any news media the photograph of my child.

Field Trips

I hereby grant permission for my child to go on outings with the Brandon Nursery School Inc. staff.

Observations

I hereby grant permission for my child to be observed by students who are training in the Child Care profession, or other fields where observations of child development are relevant. No specific research will be done without the parent's knowledge and written consent.

Medical Consent Form

In the event that my child is ill or injured and I cannot be reached, I give consent for the Day Care Provider to refer my child to the family physician. If the physician cannot be reached, I give consent to have my child taken to the Emergency Department of the Brandon Regional Health Center. Any costs incurred as a result of taking the child to the hospital or to the physician (i.e. ambulance, taxi, medication, etc.) is the responsibility of the parent.

NAME OF CHILD: _____

DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE OF STAFF: _____

VACCINATIONS

AGE	VACCINE	DATE ADMINISTERED	PLACE ADMINISTERED
2 MONTHS	DPT & OPV		
4 MONTHS	DPT & OPV		
6 MONTHS	DPT & OPV		
12 MONTHS	MMR		
18 MONTHS	DPT & OPV		
4-6 YEARS	DT & OPV		
OTHER			

