



**FAMILY NAME:**

"Nurturing Tomorrow's Leaders"

#1 CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

#2 CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

#3 CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

**PARENT/GUARDIAN INFORMATION** (Only Give Parent / Guardian information if they can pick-up):

Primary Parent:		Secondary Parent:	
Full Home Address		Full Home Address	
Home Ph. No.		Home Ph. No.	
Occupation		Occupation	
Employer:		Employer:	
Address:		Address:	
Work Ph. No.		Work Ph. No.	
Mobile No.		Mobile No.	
Other No.		Other No.	
Email Address		Email Address	

If parents are divorced or not living together, please indicate here who the child resides with. \_\_\_\_\_

**FAMILY DOCTOR'S INFORMATION:**

Do(ES) YOUR CHILD(ren) HAVE ALLERGIES OR ANY OTHER MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF (SUCH AS; ASTHMA, ALLERGIES, FOOD RESTRICTIONS) : \_\_\_\_\_

Do(ES) YOUR CHILD(REN) TAKE MEDICATION OTHER THAN VITAMINS – YES / NO DETAILS : \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

INSURANCE CO. : \_\_\_\_\_ POLICY I.D. NO. \_\_\_\_\_

**ENROLLMENT/EMERGENCY AND TRANSPORTATION CONSENT AGREEMENT:** I agree that in case of accident, injury or medical crisis, emergency medical care may be given - in the event I or the designated contacts cannot be reached. I consent to the enrollment/transportation of the child(ren) listed above at Children's Nest and have been advised of the policies regarding fees, transportation (via company vehicles or a transportation company of the Center's choice) and the services provided by Children's Nest. I give consent for this/these child(ren) to be transported and take part in field trips or excursions away from the childcare facility under proper supervision; and have provided special information on the reverse which will assist in the caring of your child(ren).

**EMERGENCY CONTACTS and PICK-UP APPROVALS (OTHER THAN PARENTS):**

**\*\* Please only list 3 local contacts who can/will be URGENTLY available to respond and be present**

	Full First and Last Name and Relationship to child(ren)	Complete Address (street, city, state, zip code): <i>**required by NYS OCFS</i>	Home #	Work #	Mobile #
1 <sup>st</sup>	-----	-----	area code( ) -	area code( ) -	area code( ) -
2 <sup>nd</sup>	-----	-----	area code( ) -	area code( ) -	area code( ) -
3 <sup>rd</sup>	-----	-----	area code( ) -	area code( ) -	area code( ) -

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_