



Registration 20__/20__

EMERGENCY CARD

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):

Table with 2 columns: Primary Parent and Secondary Parent. Rows include: Full Home Address, Home Ph. No., Occupation, Employer, Address, Work Ph. No., Mobile No., Cellphone Carrier (for Txt), 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

Table with 5 columns: Full First and Last Name and Relationship to child(ren), Complete Address (street, city, state, zip code: **required by NYS OCFS), Home #, Work #, Mobile #. Rows for 1st, 2nd, and 3rd contacts.

Parent/Guardian Signature _____ Date: _____

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