



# Norwood PreSchool's Before/After Care Program

## Child Information

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Gender:  Female  Male Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Grade attending 2019-2020 School Year: \_\_\_\_\_

Homeroom Teacher 2019-2020 School Year: \_\_\_\_\_

### Days Attending Norwood PreSchool

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent email: \_\_\_\_\_

## Parent Information

Please type or print legibly.

Mother's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

## Persons Authorized to pick up child: (Please provide a copy of their ID)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please notify Norwood PreSchool via email or phone if your child is absent at Harrington Park Public School or if not attending after care on their scheduled day.*

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**REQUIRES PARENTS' SIGNATURES:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat our child \_\_\_\_\_, as they may deem advisable.

**Parent/Legal Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Parent/Legal Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Student Allergies:** \_\_\_\_\_

**Student Medical Problems:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance carrier:** \_\_\_\_\_

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Please list below any pertinent information you believe will help us in providing your child with a positive and fun experience while attending Norwood PreSchool Aftercare Program: