

**BETHANY NURSERY GROUP, INC.  
ENROLLMENT FORM**

**CHILD'S INFORMATION**

Name _____	Date of Birth _____	
Nickname _____	Home Phone # _____	
Address _____	_____	_____
Street	Town	Zip
For office use:	Date of Enrollment:	

**FAMILY INFORMATION**

<u>MOTHER</u>	
Name: _____	Address: _____ (if different from above)
Home Phone #: _____	Cell Phone#: _____
Employer: _____	Work Phone #: _____
Employer's Address: _____	
Occupation: _____	

<u>FATHER</u>	
Name: _____	Address: _____ (if different from above)
Home Phone #: _____	Cell Phone#: _____
Employer: _____	Work Phone #: _____
Employer's Address: _____	
Occupation: _____	

I give Bethany Nursery Group permission to use my information for class lists/directory.	
Parent Signature _____	Date _____

**SIBLINGS**

Name

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES, MEDICAL CONDITIONS AND LIMITATIONS**

Please indicate any medical conditions, allergies, limitations, restrictions or concerns you have for your child. Please be specific.

**PERMISSION TO RELEASE CHILD**

I give the Bethany Nursery Group, Inc. permission to release my child, \_\_\_\_\_ to the following people:

NAME

RELATIONSHIP

PHONE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**PHOTO/ MEDIA RELEASE**

I give the Bethany Nursery Group permission to photograph my child for projects, publicity and use of the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATION RELEASE**

I give Bethany Nursery Group permission to discuss my child with his/her perspective elementary school for use of planning, placement and/or support upon entering kindergarten.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received and discussed a copy the Bethany Nursery Group Behavior Management Policy and it has been reviewed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**BETHANY NURSERY GROUP, INC.  
EMERGENCY FORM**

In case of emergency, or if my child becomes ill and must be brought home, the following people have my permission to remove my child from the school premises. You **must** supply at least one contact.

1. \_\_\_\_\_ Home phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Business/Cell phone: \_\_\_\_\_

2. \_\_\_\_\_ Home phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Business/Cell phone: \_\_\_\_\_

I, \_\_\_\_\_, give the Bethany Nursery Group staff permission to administer First Aid to my child, \_\_\_\_\_, if needed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give the Bethany Nursery Group permission to transport my child, \_\_\_\_\_, by emergency vehicle to Yale - New Haven Hospital or another emergency facility in case of an emergency. I give permission to the Bethany Nursery Group to obtain emergency medical treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**Child's Dentist:** \_\_\_\_\_

Phone #: \_\_\_\_\_

**EVACUATION TRANSPORTATION PERMISSION FORM**

In the event of an emergency that would make the Bethany Nursery Group building unacceptable to occupy, I give the Bethany Nursery Group, Inc. permission to transport my child \_\_\_\_\_ to the nearest shelter, Bethany Town Hall on Peck Road.

Parent signature \_\_\_\_\_

Date: \_\_\_\_\_

Please fill out the following section to help us better serve you.

Please list anything about your child that you would like us to know:

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Please list anything that you are hoping your child will get out of our program:

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Please list some of reasons why you chose our program:

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Please let us know how you heard about our program.

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