

**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

MOTHER

Name: _____ Address: _____
(if different from above)

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Email: _____

Employer's Address: _____

Occupation: _____ Work Phone#: _____

FATHER

Name: _____ Address: _____
(if different from above)

Home Phone #: _____ Cell Phone#: _____

Employer: _____ Email: _____

Employer's Address: _____

Occupation: _____ Work Phone#: _____

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
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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.

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 _____

PRESCHOOL ENDORSEMENT

I understand that my child is enrolled in a preschool endorsed program, and therefore, all regulations under this endorsement (3-5 year olds) will apply.

In accordance with Public Act 19-121, sec.14, children enrolled under this endorsement who are between 32-36 months, are considered to be three years of age.

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: _____

Permissions to Use Upstairs Hall

I acknowledge that my child may use the space in the upstairs church hall for special activities/events.

(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:

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

Please list some of reasons why you chose our program:

Please let us know how you heard about our program.
