



One Heathcote Road
 Scarsdale, NY 10583
 (Phone) 914-723-2440
 (Fax) 914-723-3684

The Scarsdale Congregational Church Nursery School

2017-2018 Registration Form

Print Clearly

Child's Name: _____ Current Age: _____

Male ____ Female ____ Birth date: _____ Home Phone: _____
Month/Day/Year

Home Mailing Address: _____

Mother's Name: _____ Mother's Email: _____
(Note if Mother's Last Name is Different from Child's)

Mother's Occupation: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Email: _____

Father's Occupation: _____ Father's Cell Phone: _____

Allergies: _____ Current Medication: _____ Please describe any allergies and/or medications, or any special conditions or characteristics of your child of which we should be informed? _____

How did you hear about our school? _____

I wish to enroll my child for the following class during the 2017-2018 School year:

- | | |
|--|---------|
| <input type="checkbox"/> 4's Class (5 days) | \$5,225 |
| <input type="checkbox"/> 3's Class (5 days) | \$5,175 |
| <input type="checkbox"/> 3's Class (3 days: M, W, F) | \$4,080 |
| <input type="checkbox"/> 3's Class (2 days: Tu, Th) | \$3,090 |
| <input type="checkbox"/> 2's Class (3 days: M, W, F) | \$4,080 |
| <input type="checkbox"/> 2's Class (2 days: Tu, Th) | \$3,090 |

To register: (i) Return this completed registration form (ii) Include a check for **\$500** (\$300 of which is the non-refundable registration fee, and \$200 is a deposit applied towards tuition. (iii) Sign below: In so registering my child, I recognize my responsibility to cooperate with the school by observing all health regulations and financial obligations.

Signed: _____ Date: _____
Parent or legal guardian

Note: Occasionally a child will require more care and attention than the staff can reasonably provide. We reserve the right to decide whether such child's admittance or continued attendance in the program is appropriate.

Office Use: Check # _____ Amount: _____ Date Received: _____

I. Medical Disclosure and Permission to Receive Emergency Medical Care

I have disclosed all relevant medical history for my child _____ to participate in the ___2's ___3's ___4's class at The Scarsdale Congregational Church Nursery School ("SCCNS"). SCCNS bears no responsibility for any situation resulting from false information or information not disclosed or updated about my child's medical or emotional history.

Without limiting other powers as may be allowed by law, I hereby grant permission to the SCCNS Director and staff members to take whatever steps necessary to obtain emergency or other necessary care for my child that they, in their sole discretion, believe to be necessary and appropriate. These steps may include, but are not limited to, the following:

- Calling 911
- Contacting parent or guardian (through emergency contacts, if needed)
- Contacting the child's physician
- Transporting child by ambulance or police to a local medical facility with a SCCNS staff member.

In consideration of SCCNS permitting my child to participate in SCCNS activities and programs, I hereby release, discharge and agree to indemnify and hold harmless SCCNS, its directors, organizers, sponsors, teachers, staff, volunteers and agents from any and all claims, liabilities and causes of action arising out of such actions and treatment and with respect to the exercise of its judgment in this regard. I agree to pay, and to assume responsibility, for all medical expenses incurred in the treatment of my child.

Signed: _____ Date: _____ Signed: _____ Date: _____
Parent 1 or Legal Guardian *Parent 2 or Legal Guardian*

II. Permission to Change

I hereby give the SCCNS staff permission to change my child's diaper or clothes, if needed.

Signed: _____ Date: _____
Parent or Legal Guardian

III. Photo Opt Out

All our children do amazing things and there are many "Kodak moments" that we would like to share on our SCC Nursery School website and Facebook page. We never put a child's name on the Internet. If you do NOT want your child's photo to be shared, we completely understand. To **opt out, please fill out below**. If you have **no objections**, there is **no need to sign below**.

Child's Name: _____ Parent Signature: _____ Date: _____

IV. Field Trips (for 3's and 4's Classes Only)

During the school year, SCCNS takes class trips to nearby places of interest such as The Scarsdale Library, the Firehouse, the Duck Pond on Heathcote Rd, the Greenburgh Nature Center, Ramsey Farm and a local grocery store. The class goes on these trips with their teachers and several parent volunteers. Transportation is provided by parent volunteers in their personal vehicles. Each child is required to have a car or booster seat. I hereby give my permission for _____ to participate in SCCNS field trips.

Signed: _____ Date: _____
Parent or Legal Guardian



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2017-2018 Medical Information Form

A current health certificate and immunization record must be submitted to the Director before the start of school in September. Our immunization requirements follow NYS law (see www.health.ny.gov/publications/2370.pdf). The school will accept the standard school health certificate from your child's pediatrician or this SCCNS' health certificate.

Student's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Vaccines	1	2	3	4
DTAP/DTP/Tdap				
Polio (IPV/OPV)				
MMR				
Hepatitis B				
Varicella (Chicken Pox)				
Hib				
PCV				
Other				

Allergies: _____

Current Medications: _____

Serious illness, injuries, operations or significant history: _____

Date of Most Recent Dental Exam and Cleaning: _____

Hearing: Date Tested _____ Results _____

Vision: Date Tested _____ Right _____ Left _____ Both _____

Tuberculosis: Date Tested _____ Results _____

I have examined the above child and certify that he/she is free from contagions and has no physical limitations, which would limit normal participation in nursery school activities:

Physician's Signature _____ Date of Exam: _____

Print Physician's Name _____ Phone: _____

Address: _____



**2017-2018 SCC Nursery School Emergency Contact
and Permission for Pick Up**

Child's Name: _____ Date of Birth: _____

Mom's Name: _____ Dad's Name: _____

Home Address: _____ Home Phone: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Work: _____ Dad's Work: _____

Mom's Email: _____ Dad's Email: _____

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Emergency Contacts:

(Other than parents who will be contacted first)

1. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

3. Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

(over)

Child's Name: _____

Child Pick Up Permission

Please list below anyone who you give permission to pick up your child after school:

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

