

Today's Date: _____

APPROVED BY _____

Child's Name _____ Sex _____ Date of Birth _____

Address _____

Mother's cell phone _____ Father's cell phone _____

Four-day 3-4 AM _____ Three-day 3-4 PM _____

Single Parent Household: _____

Mother's Name & Address (if different from child) _____

Father's Name & Address (if different from child) _____

Daycare Provider _____ Phone _____

Parent(s) Place of Employment	Address	Work Telephone #
Mother _____		
Father _____		

Siblings	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____

HEALTH INFORMATION:

- Does your child have any problems such as a speech, vision, hearing or orthopedic situation that might affect his/her participation in some areas of our Program?

- Is your child right or left handed? _____
- Is your child toilet trained? Yes ___ **Your child MUST be toilet trained in order to attend.**
- Any specific Health/ Behavioral Problems? _____
- Has your child had all his/her immunizations? Yes _____ No _____
- Dr.'s Name _____ Phone _____
Address _____
- Person to notify in case of Emergency:
Name _____ Phone _____
- Person other than parents authorized to pick-up child? _____
- In case of emergency, if a parent or guardian cannot be reached, I give my permission to have my child taken to the nearest physician and I will assume financial responsibility for this.

SIGNATURE

RELATIONSHIP TO CHILD

A \$25.00 non-refundable registration fee is required to enroll your child. It guarantees your Child's participation in the program and is used to purchase supplies.

Received _____ Child's Name _____

MOREAU COMMUNITY CENTER, INC. NURSERY SCHOOL PROGRAM
RELEASE FORM

1. I permit my child to use all of the play equipment and participate in all of the activities sponsored by the Moreau Community Center, Inc.
2. I grant permission for my child to be included in evaluations and pictures connected with the Moreau Community Center, Inc.
3. I grant permission for the Staff to take whatever steps may be necessary to obtain emergency medical care for my child when necessary.

These steps may include the following:

- A. Attempt to contact a parent or guardian.
 - B. Attempt to contact the child's physician.
 - C. Attempt to contact you through any of the persons listed on the application form you have completed for us.
4. If we cannot contact you or your child's physician we will do any of the following:
 - A. Call another physician.
 - B. Call an ambulance.
 - C. Have child taken to the hospital emergency room in the company of a Staff Member.
 5. Any expenses incurred from above will be borne by the child's family.
 6. We will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
 7. Please note monthly tuition of \$110.00 for the Three-day 3-4 program and \$120.00 for the Four-day 3-4 program. Tuitions are due the 1st of each month.
 8. The Moreau Community Center Nursery School Program was designed to offer children an educational and social environment in which they share a variety of learning experiences in a safe environment. **In order for your child to be eligible to attend this program they must be toilet trained.** Your child's participation in the program is conditioned upon acceptable behavior and personal discipline while participating in the program.

SIGNATURE: _____ **DATE:** _____