

NORTHWEST DAYSCHOOL ENROLLMENT FORM

Childs Name _____

Age _____ Gender M / F Birthday ___ / ___ / ___

Mothers Name _____

Age _____ M / F Birthday ___ / ___ / ___
Fathers Name _____

Address _____

Address _____

Phone _____ Cell _____

Phone _____ Cell _____

Email _____

Email _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Do you have a church home? Y / N If yes where _____

PERSONS AUTHORIZED TO PICK UP MY CHILD

Name _____

Phone _____

Name _____

Phone _____

EMERGENCY CONTACTS (Other than Parents)

Name _____

Phone _____

Name _____

Phone _____

RESTRICTED PERSONS (These individuals may not pick up my child from Dayschool)

Name _____

Are there any special situations Dayschool needs to be aware of?

MEDICAL AUTHORIZATION

I _____ the undersigned parent or person having legal custody, or the legal guardian of _____ do hereby authorize Northwest Dayschool that in situations where the above named minor requires immediate medical or hospital care, and I cannot be reached or are delayed in arriving, may contact the nearest source of emergency medical care to treat my child. I authorize a Physician, Surgeon or Dentist to render such care and perform such treatment as he in his professional judgment determines it necessary for the health and safety of the above named minor.

Parent Signature _____ Date _____

MEDICAL INFORMATION

Drug Allergies _____

Food Allergies _____

Special Medical Needs _____

Doctor Name _____

Dentist Name _____

Phone _____

Phone _____

Hospital Preference _____

FIELD TRIP PERMISSION FORM

I give my permission for _____ to go on all field trips with Northwest Dayschool during the school year. During supervision of the child neither Northwest Church of Christ or Northwest Dayschool, or any of its employees shall be held liable for any injury to your child from such activities, including use of the church van or private convoy.

Parents Signature _____ Date _____