

Open Door Nursery School Enrollment Application

Date of Application: _____ Date of Birth: _____

Child's Name _____

Address: _____

(Street)

(City)

(State)

(Zip)

Languages spoken at home: _____

Parent's Name _____ Parent's Name _____

Home Address: _____ Home Address _____

Email: _____ Email: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

WHERE TO REACH PARENT:

Parent's Occupation: _____ Parent's Occupation: _____

Place of work: _____ Place of work: _____

Work Phone: _____ Work Phone: _____

PERSONS AUTHORIZED TO PICKUP CHILD AND/OR LOCAL CONTACT IN CASE OF EMERGENCY IF EITHER PARENT IS UNAVAILABLE:

1.Name: _____ 2.Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

(COMPLETE REVERSE SIDE)

Medical Contact information:

Child's Doctor: _____

Location of Practice: _____

Phone: _____

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE WITH US REGARDING YOUR CHILD OR FAMILY? _____

AUTHORIZATION TO SEEK MEDICAL ATTENTION:

In the event a medical emergency occurs, I authorize Open Door Nursery School to seek emergency medical care for my child as deemed necessary by the Director.

Date: _____ Parent's Signature: _____

CUSTODIAL INFORMATION:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate documents. (court order)