



Please describe any medical, physical, or other issues your child has. Include allergies (especially food), any unusual markings on your child's body (birthmarks, rashes, skin conditions, etc.). If none, please write "none." \_\_\_\_\_

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### Family Data Information

	Parent #1	Parent #2
Type of Employment	_____	_____
Name of Employer	_____	_____
Address of Employer	_____	_____
Employer's Phone #	_____	_____

Other children in the family (please write name and ages of all other children).

Name_____Age_____	Name_____Age_____
Name_____Age_____	Name_____Age_____
* * * * *	* * * * *

Please check all that apply:

\_\_\_\_\_ I hereby give permission to have my child treated at the local hospital in the event of an emergency and I cannot be contacted.

\_\_\_\_\_ I hereby give permission for my name, address, phone number and child's name to be included on a class list and released to my child's class.

\_\_\_\_\_ I hereby give permission to have photographs of my child posted on social media.

*The child becomes the responsibility of the parent when the child is released to the parent. It is the policy of Holy Cross Christian Nursery School that the parent(s) that registers the child is the person responsible for any payments due.*

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

How/where did you hear about our nursery school? \_\_\_\_\_

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