

Safety/Medical

Doctors Name _____ Doctors Phone _____

Doctors Address _____

Hospital of Preference _____

Please list all known allergies: _____

In case of emergency or early dismissal, please notify (other than parents):

Name	Address	Best Phone Number	Relationship to Child

Please note: All emergency contacts must be within 20 minutes of school, willing to pick up sick child.

My Child may be picked up at the close of Nursery School session by the following person (s):

Name	Address	Best Phone Number	Relationship to Child

My Child has permission to go on planned field trips (farm, library, etc.) as part of his/her nursery school experience.

Parents Signature _____

Which elementary school and or district will your Child be attending? _____

Would like more information on the New Hackensack Reformed Church? Yes or No