



Northfield Nursery School

1401 South Maple Street

Northfield, MN 55057

507.645.4607

www.nfldnurseryschool.com

REGISTRATION FORM

(*To be used by currently enrolled families only and completed by August 1st of the school year enrolled*)

Session enrolled (please check one)

T/TH AM _____

MWF AM _____

MWF PM _____

Name of Child _____

Last

First

Middle

Preferred Name (name that you would like your child to learn to print) _____

Date of Birth _____

Gender (circle one) male female

Month Date Year

Parents'/Guardians' full names _____

Address _____ State/City/Zip _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Other children or adults living in the household: (include name, age, and relationship to child)

Has your child had any previous group experiences? _____ If so, where? _____

Has your child had issues with separation in the past? _____

What language(s) are spoken in your home? _____

What is your child's favorite play activity? _____

Does your child have any particular fears? _____

What are some of the family activities you and your child like to do? _____

Does your child have any food allergies? (Please list.) _____

Does your child have other allergies? (Please list.) _____

Does your child take any medication on a regular basis? (Please list) _____

Please list any other significant medical information we should know about your child. _____

Northfield Nursery School has always relied on family participation. Each family is asked to volunteer on a school committee. In addition, we also welcome classroom volunteers. Please complete the following so we can call on you.

Would you like to volunteer in the classroom? _____

(Please note: due to licensing regulations, you cannot bring other children.)

Would you be willing to supply food for events? _____

Could you come to the classroom and share something about your occupation, special interests, hobbies, talents, or culture? (Please indicate what you would like to share. Keep in mind that you need not be an expert, just giving of your time and talents!) _____

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PERMISSION FORM

Please initial all of the following that you agree to:

I hereby give my permission for _____
Child's name

_____ To accompany the Northfield Nursery School class on neighborhood walks or walking field trips that may occur during the regular school session. (includes Sibley School, its grounds, and Sibley marsh)

_____ To be in the presence of any of the following animals which may visit school: gerbils, hamsters, dogs, cats, poultry, frogs, snakes, farm animals, etc.

_____ To have photos taken for publicity purposes that may be used for the newspaper, the school's brochure, the school's website, or for TV.

_____ To be included on the Northfield Nursery School class list. (This includes your child's name, birth date, parents'/guardians' names, addresses, and phone number and is distributed to all families enrolled in Northfield Nursery School.)

_____ To leave school with:

Names	Phone Numbers
_____	_____
_____	_____
_____	_____

_____ I give permission to Northfield Nursery School to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school staff.

_____ I give permission, in case of medical emergency, for any of the Northfield Nursery School staff to call our health care provider/dentist for treatment and/or to summon an ambulance to transport my child to a medical facility. I understand that this transportation will be at my expense. I also understand that, in some medical situations, the staff will need to contact the local emergency resource before contacting me.

_____ Do you wish to specify the name of anyone who should NOT pick up your child? (If it is a non-custodial parent, we need to have a copy of the court order.)
If yes, please list the first and last names. _____

Parent/Guardian Signature _____ Date _____