

# Enrollment

Washington University Nursery School Enrollment Form

If you are human, leave this field blank.

Date entering Nursery School \*

Child's full name \*

First/Middle/Last

Child's preferred nickname

Address

Address

Street Address

Street Address

Address Line 2

Address Line 2

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Date of Birth \*

Gender \*

☐ Female

☐ Male

Child's Class \*

☐ Teddy Bear (AM)

☐ Bear Cub (AM)

☐ Big Bear (AM)

☐ Panda Bear (PM)

☐ Sun Bear (PM)

☐ Teddy Bear/Panda Bear

☐ Bear Cub/Panda Bear

☐ Big Bear/Sun Bear

☐ Summer Camp

Preferred Email \*

Additional email for school correspondence

Parent/Guardian's Name \*

First & Last Name

Relationship to Child \*

Relationship to Child *	<input type="text"/>
Phone *	<input type="text"/>
Address *	
Address	
Street Address	<input type="text"/>
Street Address	
Address Line 2	<input type="text"/>
Address Line 2	
City	<input type="text"/>
City	
State/Province	<input type="text"/>
State/Province	
Zip/Postal	<input type="text"/>
Zip/Postal	
Country	<input type="text" value="v"/>
Country	
Home Phone *	<input type="text"/>
Cell Phone *	<input type="text"/>
Employed by *	<input type="text"/>
Employer Address *	
Employer Address	
Street Address	<input type="text"/>
Street Address	
Address Line 2	<input type="text"/>
Address Line 2	
City	<input type="text"/>
City	
State/Province	<input type="text"/>
State/Province	
Zip/Postal	<input type="text"/>
Zip/Postal	
Country	<input type="text" value="v"/>
Country	
Work Phone *	<input type="text"/>
Parent/Guardian	<input type="text"/>
First & Last Name	
Relationship to Child	<input type="text"/>
Home Address	
Home Address	
Street Address	<input type="text"/>
Street Address	
Address Line 2	<input type="text"/>
Address Line 2	
City	<input type="text"/>

City	
State/Province	
State/Province	
Zip/Postal	
Zip/Postal	
Country	
Country	
Home Phone *	
Cell Phone	
Employed by	
Employer Address	
Employer Address	
Street Address	
Street Address	
Address Line 2	
Address Line 2	
City	
City	
State/Province	
State/Province	
Zip/Postal	
Zip/Postal	
Country	
Country	
Work Phone *	
Work Hours	
Individuals Authorized to have access to Health information other than parent/guardian *	
First & Last Name	
Relationship to Child *	
Address *	
Address	
Street Address	
Street Address	
Address Line 2	
Address Line 2	
City	
City	
State/Province	
State/Province	
Zip/Postal	
Zip/Postal	
Country	
Country	
Phone *	

First Emergency Contact - Local and other than parent or doctor *	<input type="text"/>
First & Last Name	
Relationship to Child *	<input type="text"/>
Emergency Contact Address *	
Emergency Contact Address	<input type="text"/>
Emergency Contact Address	<input type="text"/>
Emergency Contact Address	<input type="text"/>
City	<input type="text"/>
City	
State/Province	<input type="text"/>
State/Province	
Zip/Postal	<input type="text"/>
Zip/Postal	
Country	<input type="text" value="v"/>
Country	
Phone *	<input type="text"/>
Second Emergency Contact - Local and other than parent or doctor *	<input type="text"/>
Relationship to Child *	<input type="text"/>
Address *	
Address	
Address	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
City	
State/Province	<input type="text"/>
State/Province	
Zip/Postal	<input type="text"/>
Zip/Postal	
Country	<input type="text" value="v"/>
Country	
Phone *	<input type="text"/>
Individual Authorized to Take Child from Nursery School *	<input type="text"/>
First & Last Name	
Relationship to Child	<input type="text"/>
Address *	
Address	
Address	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
City	
State/Province	<input type="text"/>
State/Province	
Zip/Postal	<input type="text"/>
Zip/Postal	

Country <input type="text"/>
Country <input type="text"/>
Phone * <input type="text"/>
Individual Authorized to Take Child from Nursery School * <input type="text"/>
First & Last Name <input type="text"/>
Relationship to Child * <input type="text"/>
Address * <input type="text"/>
Address <input type="text"/>
Address <input type="text"/>
City <input type="text"/>
City <input type="text"/>
State/Province <input type="text"/>
State/Province <input type="text"/>
Zip/Postal <input type="text"/>
Zip/Postal <input type="text"/>
Country <input type="text"/>
Country <input type="text"/>
Phone * <input type="text"/>
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Comments on Child's Development - allergies, habits, language development, etc. * <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Authorization for Emergency Medical Care
I understand I will be notified at once in case of my child's illness or accident, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I hereby authorize Washington University Nursery School to contact my doctor.
Child's Physician * <input type="text"/>
First & Last Name <input type="text"/>
Physician Phone Number * <input type="text"/>
Preferred Hospital * <input type="text"/>
Hospital Address * <input type="text"/>
Hospital Address <input type="text"/>
Street Address <input type="text"/>
Street Address <input type="text"/>
Address Line 2 <input type="text"/>
Address Line 2 <input type="text"/>
City <input type="text"/>
City <input type="text"/>
State/Province <input type="text"/>
State/Province <input type="text"/>
Zip/Postal <input type="text"/>

Zip/Postal <input type="text"/>
Country <input type="text"/>
Country <input type="text"/>
Health Insurance Carrier * <input type="text"/>
Person Insured * <input type="text"/>
First & Last Name <input type="text"/>
Policy Number * <input type="text"/>
Carrier Phone Number * <input type="text"/>
Trip Permission *
<input type="checkbox"/> I do give consent for my child to take part in field trips or excursions on the WU Campus with this nursery school under proper supervision. If a field trip is planned that is off the WU Campus, information and a permission slip will be sent home for your signature.
<input type="checkbox"/> I do not give permission for my child to take part in field trip or excursions on the WU Campus.
Media Permission *
<input type="checkbox"/> I do give permission for my child's image to be used for Washington University Nursery School publication.
<input type="checkbox"/> I do not give permission for my child's image to be used for Washington University Nursery School publication.
Acknowledgements:
A) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
B) When my child is ill, it is understood and agreed that he/she may not be accepted at school.
C) I have been informed of this facility's policies pertaining to admission, care and discharge of children.
D) I have been informed that a copy of Licensing Rules for Child Day Care Homes/Licensing Rules for Child Care Center in Missouri is available at this facility for review.
E) I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.
F) I have been notified that I may request notice at initial enrollment or anytime after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.
G) I have been informed that the Nursery School will not be transporting my child.
Signature * <input type="text"/>
Type your name <input type="text"/>
Today's Date * <input type="text"/>
<input type="button" value="Submit"/>

