

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 *

Phone *

Address *

Address

Street Address

Street Address

Address Line 2

Address Line 2

City

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 *

Parent/Guardian

First & Last Name

Relationship to Child

Home Address

Home Address

Street Address

Street Address

Address Line 2

Address Line 2

City

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 *

First & Last Name

Relationship to Child *

Emergency Contact Address *

Emergency Contact Address

Emergency Contact Address

Emergency Contact Address

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Phone *

Second Emergency Contact - Local and other than parent or doctor *

Relationship to Child *

Address *

Address

Address

Address

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country

Country

Phone *

Individual Authorized to Take Child from Nursery School *

First & Last Name

Relationship to Child

Address *

Address

Address

Address

City

City

State/Province

State/Province

Zip/Postal

Zip/Postal

Country	<div></div>
Country	
Phone *	<div></div>
Individual Authorized to Take Child from Nursery School *	<div></div>
First & Last Name	
Relationship to Child *	<div></div>
Address *	
Address	
Address	<div></div>
Address	<div></div>
City	<div></div>
City	
State/Province	<div></div>
State/Province	
Zip/Postal	<div></div>
Zip/Postal	
Country	<div></div>
Country	
Phone *	<div></div>
Comments on Child's Development - allergies, habits, language development, etc. *	<div></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 *	<div></div>
First & Last Name	
Physician Phone Number *	<div></div>
Preferred Hospital *	<div></div>
Hospital Address *	
Hospital Address	
Street Address	<div></div>
Street Address	
Address Line 2	<div></div>
Address Line 2	
City	<div></div>
City	
State/Province	<div></div>
State/Province	
Zip/Postal	<div></div>

Zip/Postal

Country

Country

Health Insurance Carrier *

Person Insured *

First & Last Name

Policy Number *

Carrier Phone Number *

Trip Permission *

☐ 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.

☐ I do not give permission for my child to take part in field trip or excursions on the WU Campus.

Media Permission *

☐ I do give permission for my child's image to be used for Washington University Nursery School publication.

☐ 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 *

Type your name

Today's Date *

Submit