| Enrollmen | t |
|--------------------------|--------------------------------|
| | |
| Washington University I | Nursery School Enrollment Form |
| If you are human, leave | this field blank. |
| Date entering Nursery S | chool* |
| Child's full name * | |
| First/Middle/Last | |
| Child's preferred nickna | me |
| Address | |
| Address | |
| Street Address | |
| Street Address | |
| Address Line 2 | |
| Address Line 2 | |
| City | |
| City | |
| State/Province | |
| State/Province | |
| Zip/Postal | |
| Zip/Postal | |
| Country | ightharpoons |
| 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 Be | ear . |
| □ Bear Cub/Panda Bea | |
| □ Big Bear/Sun Bear | |
| □ Summer Camp | |
| Preferred Email * | |
| Additional email for sch | pol correspondence |
| Parent/Guardian's Nam | |
| 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 | 1 |
| Street Address | |
| Street Address | |
| Address Line 2 | |
| Address Line 2 | |
| City | |
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| City | |
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| Home Phone * | |
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| Employer Address | |
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| Street Address | |
| Street Address | |
| Address Line 2 | |
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| 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 | |
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| First & Last Name Relationship to Child * Emergency Contact Address * Emergency Contact Address It province State Province St | First Emergency Contact - Local and other than parent or doctor * |
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| Individual Authorized to Take Child from Nursery School * | |
| First & Last Name | |
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| Comments on Child's Development - allergies, habits, language development, etc. * | |
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| Authorization for Emergency Medical Care | |
| | |
| 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 * | |
| First & Last Name | |
| | |
| Physician Phone Number * | |
| Preferred Hospital * | |
| Hospital Address * | |
| | |
| Hospital Address | |
| Street Address | |
| Street Address | |
| Address Line 2 | |
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| Address Line 2 | |
| City | |
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