INTERCOMMUNITY NURSERY SCHOOL

Student Information Sheet

1. Student Information

 B. Allergies (Food/Insect/Animal) and Medical Conditions

**Child’s Full Name (First, MI, Last)****Home Phone (xxx-xxx-xxxx)****Sex****Birth date (MM/DD/YY)** **Program**

**Street Address Apt****City State Zip Code**

**Previous School Experience Primary Language(s) Spoken at Home Sibling Name(s) age(s)**

**Is there anything we should know about your child to help us plan better for him/her?**

 E. Photograph Consent

I hereby give permission for my child to be photographed at InterCommunity Nursery School for website, newsletters, brochures, and promotional purposes.

I hereby certify that the above information is true and correct

**Parent/Guaridan Signature Parent/Guaridan Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Relationship Phone**

**My child may be delivered or collected from school by the following adults other than those listed in Section C. above. I understand that if the name does not appear on this list, my child will not be released from school.**

 D. Individuals Authorized to Pick Up Child

 **MOTHER (or Guardian) Father (or Guardian) Babysitter/Caregiver**

**First Name**

**Last Name**

**Cell Phone**

**Work Phone**

**E-mail Address**

**Occupation**

**Hobbies/Special Interest**

 C. Parent/Guardian Information

**Allergies/ Medical Condition Last Reaction Pediatrician’s Name Pediatrician’s Phone Number**

**Symptons Treatment and/or Plan of Action**