

School Year

Office use

### Natural Wonders Early Learning Center

21A Church St., Poughquag, NY 12570  
845-724-5421 School or 845-271-9348 Cell

Referred by:

#### APPLICATION & EMERGENCY CONTACT INFORMATION

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MALE/FEMALE (circle one) NICKNAME \_\_\_\_\_ Kindergarten entry date \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Elementary School \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

Program:  
1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_

MOTHER: \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER: \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAMES OF SIBLINGS: \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

**EMERGENCY CONTACTS** : The following people are allowed to pick up my child from school. In the event I cannot be reached for an emergency, please contact the people listed below in order until someone is able to pick up my child.

(Photo Id is required for pick-up)

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

Feel free to add additional names on a separate sheet of paper. This information must correspond to your child's emergency cards.

CHILD'S DR \_\_\_\_\_ PHONE \_\_\_\_\_

- MY CHILD HAS NO KNOWN ALLERGIES.
- MY CHILD HAS THE FOLLOWING ALLERGIES (ATTACH SEPARATE INFO SHEET IF NEEDED):

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**Lead Testing Waiver Statement:**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ is aware that the NYS Department of Health requires children to be screened and tested for lead; I have read the "Get Ahead of Lead" brochure and am aware of these health concerns for my child.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\*Do you give permission for us to take your child on neighborhood walks or field trips? \_\_\_\_\_

\*What school district are you in? \_\_\_\_\_

\*What kind of nursery school experience do you want for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\*What types of experiences has your child had playing with other children? (I.e. siblings, daycare, plays alone) \_\_\_\_\_

\_\_\_\_\_  
\*It is beneficial to broaden student's horizons by introducing other cultures into the classroom setting. We also want to respect the religious beliefs of all students. While we are a secular school, we do our best to tailor cultural activities to the dynamics of each class. With your help, we can all embrace the diversity of the families in our school.

Optional - Please indicate if you would want the class to know more about your culture and ways you can help.

\_\_\_\_\_  
Optional - Religious affiliation \_\_\_\_\_

Optional - Does your child speak another language than English? \_\_\_\_\_ if so, please list \_\_\_\_\_

\*Are there any physical or emotional conditions that would prevent your child from engaging in school related activities? \_\_\_\_\_

Is your child receiving any special services? If so, do you give us permission to talk to your child's provider to better service your child?

Please provide brief information below and attach any further details on a separate sheet of paper. (Please list all necessary contact information on a separate sheet of paper.)

\_\_\_\_\_  
\*Do you feel you, or a family member, have any special talents or hobbies you might want to share with the children during the school year? \_\_\_\_\_  
If so, describe and list when you are available.

\_\_\_\_\_  
\*Is there anything about your child we should know in order to better understand him/her? (Feel free to add more information about your child on a separate sheet of paper)

\_\_\_\_\_  
**IN CASE OF EMERGENCY IF A PARENT/GUARDIAN CANNOT BE REACHED, AND /OR THE NATURE OF THE EMERGENCY WARRANTS, 911 WILL BE CALLED AND THE CHILD WILL BE TREATED BY 911 RESPONDERS AND TRANSPORTED TO THE CLOSEST HOSPITAL BY RESPONDERS.**

**Natural Wonders Early Learning Center takes photos of students engaged in various daily activities and special events. I will not hold Natural Wonders Inc. responsible for any unintended misuse of these photos. I authorize Natural Wonders Inc. to use my child's picture on any print and/or web marketing mediums. It is understood, I will not be entitled to any compensation for such use.**

**All information supplied in this application is current and accurate. It is my responsibility to update the director of any changes to the above information during the school year. I understand my child will only be released to his/her parents/legal guardians or persons listed above (as outlined in the school policy), in the event of an emergency.**

**I wish to enroll my child in your program.**

**X** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE