



Nassau Nursery School 2018-2019
General Information Form

Child's Name: _____
Address: _____
Telephone: _____

Parents' Names

Father: _____
Business Address: _____
Telephone: _____ Cell: _____
Mother: _____
Business Address: _____
Telephone: _____ Cell: _____
Marital Status: _____

Family Physician

Name: _____
Address: _____
Telephone: _____

In case of an emergency, when you cannot be reached, name two relatives or neighbors whom we may call.

1. Name: _____
Address: _____
Telephone: _____ Cell: _____

2. Name: _____
Address: _____
Telephone: _____ Cell: _____

We will not dismiss your child to any adult other than his or her parents or members of his or her carpool unless you notify us at the time.

WAIVER: Permission for teacher to administer to your child standard first aid as outlined in First Aid Textbook by American Red Cross Fourth Edition.

TO BE SIGNED BY BOTH PARENTS OR GUARDIANS
