

Nursery Care Program Registration Form 2019-20 School Year

CHILD'S NAME

(M/F) _____ Age _____ Birthday _____

Allergies* _____

Special needs* _____

*Please explain in greater detail below.

Best phone number to communicate with you _____

Are you able to receive text messages at this number? Yes _____ No _____

Best email address to communicate with you

Home Address _____

City _____ State _____ Zip _____

SIBLINGS (for Nursery Care Program)

Name _____

(M/F) _____ Age _____ Birthday _____

Allergies* _____ Special Needs* _____

Name _____

(M/F) _____ Age _____ Birthday _____

Allergies* _____ Special Needs* _____

Name _____

(M/F) _____ Age _____ Birthday _____

Allergies* _____ Special Needs* _____

Mother's/Guardian's Name

Address/Phone (if different)

Father's/Guardian's Name

Address/Phone (if different)

Emergency Contact (other than primary parent/guardian)

Best phone number(s) to reach him/her

Relationship to child _____

All Spaces MUST be completed:

****If necessary, please change my child(ren)'s diaper or help him/her/them to use the restroom.**

_____ Yes _____ No

****I prefer to be notified if my child(ren) need(s) a diaper change or to use the restroom.**

_____ Yes _____ No

****My child's/children's photo/image may _____ may not _____ be used on our OCC web site and other OCC social media platforms.**

(please initial) _____

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