

# NorthHaven Day School Enrollment Form

DATE: \_\_\_\_\_ EMAIL: ADDRESS \_\_\_\_\_

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

**ALLERGIES:** \_\_\_\_\_ **HOME CHURCH:** \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M F

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_

FATHER'S HOME PHONE NUMBER: \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_

FATHER'S WORK PHONE NUMBER: \_\_\_\_\_

FATHER'S CELL PHONE NUMBER: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S ADDRESS: \_\_\_\_\_

MOTHER'S HOME PHONE NUMBER: \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT: \_\_\_\_\_

MOTHER'S WORK PHONE NUMBER: \_\_\_\_\_

MOTHER'S CELL PHONE NUMBER: \_\_\_\_\_

SIBLINGS NAMES & AGES: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK CHILD UP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

**PHOTO CONSENT**

I, \_\_\_\_\_, as the parent of \_\_\_\_\_, consent to allowing my child's picture to be used by NorthHaven Day School and/or NorthHaven Church to promote NorthHaven Day School. This may include newsletters, newspapers, church bulletins and the NorthHaven Church website.

**IN CASE OF EMERGENCY**

In the event of an emergency, I, \_\_\_\_\_, authorize the staff of NorthHaven Day School and/or NorthHaven Church to obtain medical care for my child, \_\_\_\_\_, at the nearest medical facility.

\_\_\_\_\_  
Parent's signature Date

**MEDICAL INFORMATION**

CHILD'S PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

CARRIER'S PHONE NUMBER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

NAME OF PRIMARY INSURED: \_\_\_\_\_

PLEASE ATTACH A COPY OF:  
YOUR CHILD'S CURRENT IMMUNIZATION RECORD and  
YOUR CCHILD'S HEALTH INSURANCE CARD (FRONT & BACK)