

NorthHaven Day School Enrollment Form

DATE: _____ EMAIL: ADDRESS _____

CHILD'S NAME: _____

ALLERGIES: _____ **HOME CHURCH:** _____

DATE OF BIRTH: _____ SEX: M F

ADDRESS: _____

HOME PHONE NUMBER: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

CELL PHONE NUMBER: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

PLACE OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

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/guardian 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 CHILD'S HEALTH INSURANCE CARD (FRONT & BACK)