

Northhaven Day School Enrollment Form

Name of Child: _____ Gender: ___ DOB: _____

Address: _____ City: _____ Zip: _____

Home phone: _____

Guardian's Name: _____ Relation: _____

Place of Employment: _____ Work phone: _____

Cellular phone: _____ Email: _____

Guardian's Name: _____ Relation: _____

Place of Employment: _____ Work phone: _____

Cellular phone: _____ Email: _____

Home Church: _____ City, State: _____

Name and Phone Number of other Person(s) allowed to pick up child:

_____	_____
_____	_____
_____	_____
_____	_____

Attach a copy of the immunization record or follow the Oklahoma State Department of Health

*exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to Northhaven Day School. A child two months of age and older cannot be admitted to a child care facility unless the parent presents certification from licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time. *Only medical exemptions will be accepted.

Northhaven Day School Enrollment Form

Child's Physician or Clinic: _____ Address:

_____ City: _____ Zip: _____ Phone: _____

Is your child allergic to any foods, medication, etc.? If yes, please describe:

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? Y/N If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. Northhaven Day School will seek specific written permission prior to speaking with medical and school related individuals. _____

I give permission for my child to be transported to the nearest medical facility, if a medical emergency occurs and I cannot be reached. _____

I give permission for videotapes and/or photographs of my child to be used by Northhaven Day School for the purpose of identification, education or promotion in both internal/external publications. _____

Signature of Parent/Guardian

Date