

Nativity Early Learning Center Emergency Card

Child's Name: _____ Birthdate: _____

Parent/Guardian Name: _____ Parent/Guardian Name _____
Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Employer _____ Employer _____

If you cannot be reached in an emergency, who can assume responsibility for your child:

Name _____ Name _____

Phone _____ Phone _____

Address _____ Address _____

Name of Primary Doctor _____ Doctor Phone Number _____

Name of Primary Dentist _____ Dentist Phone Number _____

Allergies _____

Parent/Guardian Signature: _____ Date _____

Date Updated Initials Date Updated Initials Date Updated Initials Date Updated Initials

Nativity Early Learning Admission and Emergency Contact Form

Child's Name: _____ Child's Birthday: _____

Child's Address: _____

Parent #1: _____

Address (if different from child's): _____

Phone Number: _____

Email Address: _____

Parent #2: _____

Address (if different from child's): _____

Phone Number: _____

Email Address: _____

Persons Authorized to drop off and pick up your child from the program: Licensing requires 2 Names

Name #1: _____

Address: _____

Phone Number: _____

Name #2: _____

Address: _____

Phone Number: _____

Who does not have your permission to take your child from the program?

**Please Note: A copy of the court decision must be on file in order for the program NOT to release a child to his/her noncustodial parent.*

Name: _____

Address: _____

Phone Number: _____

Medical Information

Name of child's primary doctor: _____ Phone Number: _____

Address: _____

Preferred Hospital: _____

Name of child's primary dentist: _____ Phone Number: _____

Address: _____

Preferred Hospital: _____

Food or Medication Allergies: _____

Current Medications: _____

The undersigned request admission for the above child and hereby agree to the tuition, policies and procedures of The Nativity Early Learning Center. I also agree to have on file at the center, immunization records and a physical record. All of your children's forms will remain confidential.

Parent Signature: _____ Date: _____

Nativity Early Learning Center Permission Form

Walking Trips

I give permission to Nativity Early Learning Center to take my child _____ on supervised walking excursions.

Parent's Signature _____ Date _____

Riding Field Trips

I give permission to Nativity Early Learning Center to take my child _____ on supervised excursions where transportation is provided. I understand that I will always be informed of these excursions. Transportation will be provided by: Centerline Bus Company.

Parent's Signature _____ Date _____

Sunscreen

I give permission to Nativity Early Learning Center to apply sunscreen (all supplied and labeled by parent) as necessary to my child, _____.

Parent's Signature _____ Date _____

Photos/Facebook

I give Nativity Early Learning Center staff permission to photograph my child _____. These photographs may be used for school, marketing material, Facebook and/or the website.

Parent's Signature _____ Date _____

I prefer for photographs to be classroom use only _____

Medical Emergency

Child's Name: _____

I authorize Nativity Early Learning Center to take whatever emergency medical measures are necessary for the care and protection of my child. I understand that this may involve transporting my child to a doctor, a hospital, or contacting the paramedics for assistance.

Parent's Signature _____ Date _____

HEALTH CARE SUMMARY AND IMMUNIZATION RECORDS

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____ Birth Date _____

ADDRESS _____ Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . .
Vision _____
Hearing _____
Speech _____

Please list below the important health problems

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center

Other information helpful to the child care program _____

Phone _____
Address _____

Signature of Health Source _____
Date _____

Nativity Early Learning Center's Family Profile

Child's Name _____ Nickname _____
Birthday _____ Age _____ Sex (M) (F) _____

Mother's/Guardian Name _____
Occupation _____
Father's/Guardian Name _____
Occupation _____

Other significant people in your child's life _____

Previous Educational Program and Location _____
Language spoken at home _____

The following information will help us plan the best program for your child.

Does your child have any allergies? _____
Does your child have any special needs that we should be aware of in the classroom setting?

Does your child separate from parents easily? _____

Is there anything in your child's life that might affect his/her adjustment to school? _____

Describe your child's personality _____

What are some of your child's favorite activities? _____

What behaviors are you finding challenging? _____

How do you deal with the above challenging behaviors? _____

How would you describe your most important family values? _____

List any concerns you have about your child's general growth and development _____

Do you have any further information that would be useful for us to know about your family structure and background about your child's development? _____

Parent/Guardian Signature _____

Date _____

**NELC FAMILY FOB Key Card Authorization Form
Security and Building Access**

Date Received: _____

We provide secure access to the Nativity Early Learning Center (NELC) and for school families registered in the Zone program, grades 2nd-5th. Access is **only** by use of FOB key cards authorized by the NELC family. The FOB key card allows access Monday through Friday, 6:30 a.m. to 6 p.m. Each NELC family is asked to return FOB key cards upon termination of the program.

By checking each box below, I understand my responsibilities are:

- I must have at least one FOB key card for my family.
- I am the sole person to complete the NELC FOB Authorization Form for my family.
- I am the **only** one who may request additional FOB key cards in addition to my own. I must inform any additional FOB key holder of their FOB key card responsibilities.
- FOB key card(s) I request are to be used **only** by the designated FOB key card holder.
- FOB key cards cost \$10 each. Replacement FOB key cards are \$20 each. I understand all charges are billed to my family's Tuition Express Account.
- Any lost, broken, or misplaced FOB key card must be immediately reported to the Parish Secretary by either calling 651-696-5401 or emailing info@nativitystpaul.org. If in person, the Parish Office Hours are 8:30AM – 4:30PM Monday through Thursday, and 8:30AM to noon on Fridays.
- We request all FOB key card(s) be returned to the Parish Office upon termination.

My completed form represents agreement to the responsibilities identified above.

Student's Name

Legible Printed Parent or Guardian Name

Best Daytime Phone Number

Best Daytime Email Address

Number of FOB Cards Requested: _____

OFFICE USE ONLY:

FOB Key Card #:	Date Issued:	FOB Key Card #:	Date Issued:
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Amount & Date Billed to Family Tuition Express Account: \$ _____