

9. Are there any people who **MAY NOT** remove your child from school?

Name(s)

10. Medical Providers: In the event of an emergency where immediate care is required we will call a local (Northfield) doctor. If you have a doctor of preference, please list it here:

Local (Northfield) family doctor:

Name Address Phone

Local (Northfield) family dentist:

Name Address Phone

11. List any other children and adults living at home (name, ages, & relationship):

12. Does your child have neighborhood playmates? _____

13. What are their ages in relation to your child's age? _____

14. List any dietary or medical needs: _____

15. In what way(s) would you like this nursery school experience to contribute to your child's growth and development?

16. To complete the class lists, may we release your child's name, address and phone number to parents of other children in your child's class? This class list may prove useful for parents as they make arrangements for carpools or play dates.

Yes ___ No ___

17. Please note anything else you think might be helpful for us to know about your child. (i.e., fears, biting, difficulties your child may have.)

I give my permission for staff at ODP to act in the event of an emergency.

Parent signature: _____ **Date:** ____/____/____