

The Sparrow's Nest
Parent's Day Out



For office use only

Date Rx'd:
Amount:
Check #:
Cash #:
Class/Teacher:

Student applying for school year _____

Student Name: _____ DOB: _____ Gender: M F

Address: _____

City: _____ State _____ Zip: _____

Primary Phone: _____ Child's Preferred Name: _____

Primary Contact e-mail: _____

Does your child have any allergies? YES NO

Does your child take any medication on a regular basis? YES NO

Child lives with: Mother Father Both Parents Other

Are there any custody issues we should be aware of?

Is your child potty trained? YES NO (Students in the 3Y/O Program and above must be potty trained)

Mother's Name: _____ Contact _____
Phone: _____

Employer: _____ Contact _____
Phone: _____

Father's Name: _____ Contact _____
Phone: _____

Employer:

Contact Phone:

In case you are not able to be reached, what is another contact person we can call?

Name: _____

Phone: _____

Name: _____

Phone: _____

Please list all people (excluding parent/guardian) who are permitted to pick up your child:

OVER

Medical Information

Pediatrician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

In case of emergency, I authorize The Sparrow's Nest to contact emergency personnel (ambulance/ fire/police) on behalf of my child and their immediate need. I understand that every effort will be made to contact me (the parent/guardian) should such a situation occur.

Parent Signature: _____ Date: _____

****a Copy of your child's immunization record must be submitted with this application****

Is there any additional information we need to know about your child (Likes/Dislikes, Quiet, Shy)?

One of the steps to register our preschool with the state is to make parents aware that we are not required to be licensed by the state because students attend only two days per week, for not more than 6 hours per day. By signing below, you acknowledge your awareness of the following statement:

This facility is not required to be licensed by the state as a child care agency.

Signature of parent/guardian: _____

Date: _____

March 1, 2024

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Social Media Release

I give permission to use my child's photo on Facebook and marketing brochures. (This only covers our School/Church FB postings and website-without tagging children. Other parents may take pictures at our events and may post pictures on their own social media and we are not responsible for these postings.) If you object to our Facebook or website postings, your child will still be included in program group pictures and the end of year notebook; however we may have fewer pictures on your child.

_____ Yes, I give permission for my child's photo to be used on Facebook, SFUMC marketing and Class Dojo.

_____ Yes, I give permission for my child's photo to be shared on Class Dojo ONLY.

_____ No, I do **not** give permission for my child's photo to be used on any social or public platforms.

Parent's Name

Signature

Date

March 1, 2024