

NEEDHAM CHILDREN'S CENTER, INC.

858 Great Plain Avenue
 Needham, MA 02492
 Office: (781) 449-4486 Email: office@needhamchildrenscenter.com

CHILD'S NAME: _____

PROGRAM (circle one)

Infants Toddlers Preschool I
 Prekindergarten Kindergarten

Today's Date _____
 Starting Date _____
 Birthdate _____
 Place of Birth _____

CHILD'S SCHEDULE:

M	T	W	TH	F
Times				

Parent/Guardian Name _____
 Home Address _____

Parent/Guardian Name _____
 Home Address _____

Home Phone _____
 Work Name _____
 Work Address _____

Home Phone _____
 Work Name _____
 Work Address _____

Work Phone _____
 Cell Phone _____
 Email Address _____

Work Phone _____
 Cell Phone _____
 Email Address _____

The following persons can be notified to pick up my child, if I am unavailable. I understand that these persons will also be called if the NCC staff is unable to reach either parent in case of accident or illness.

NAME	RELATIONSHIP	ADDRESS	PHONE

The center staff will not release a child under any circumstances that in any person's judgment might jeopardize the safety of the child. It is assumed that both parents are permitted to pick up unless absent specific and documented information to the contrary.

FOR OFFICE USE ONLY

Application fee	
Date of admission	
LTW	

CHILD'S NAME _____

MEDICAL INFORMATION	
Child's Doctor:	Telephone #
Allergies:	Treatment and Comments

I have read, understand and will abide by the Center Health Rules as stated in the Parent Handbook

Signature and Date

I have read, understand and will abide by the Center Policies as stated in the Parent Handbook and all policy revisions that I receive in writing.

Signature and Date

IDENTIFYING INFORMATION (Required by the Office for Children regulations):		
Eye color:	Height:	Weight:
Hair Color:	Sex:	Skin Color:
Identifying marks:	Comments:	

I authorize the Needham Children's Center, Inc personnel to take my child to Beth Israel Deaconess Hospital Needham Campus (and/or my child's doctor of record and authorize treatment by the doctor on call).

Signature and Date _____

I authorize the Needham Children's Center, Inc personnel to administer first aid/CPR, if they feel it is warranted.

Signature and Date _____

I give the Needham Children's Center, Inc staff permission to take my child on walking excursions from the Center.

Signature and Date _____

I give the Needham Children's Center, Inc permission to photograph and videotape my child.

Signature and Date _____

On occasion local newspaper and television companies take group pictures or tape the children. I give the Needham Children's Center, Inc staff permission to decide if my child may participate.

Signature and Date _____