



HINESBURG NURSERY SCHOOL
 www.HinesburgNurserySchool.org
 P.O. Box 7, Hinesburg, Vermont 05461
 Telephone Number: (802) 482-3827

For School Use:

Date Received: _____
 Registration Fee: _____
 Check #: _____
 Admitted By: _____
 Date Given to Treasurer: _____

HNS REGISTRATION FORM - FALL 2020

Application Date: _____

If signing up for 3 days (an ELP requirement), **please rank your schedule preference** from 1-5 with 1 being most preferable:

____ Mon-Wed-Fri ____ Tue-Wed-Thu ____ Mon-Tue-Thu ____ Tue-Thu-Fri ____ Tue-Wed-Fri

(These are some of the most popular schedule choices. Contact Danielle at info@hinesburgnurseryschool.org to inquire about other options)

If signing up for only 2 days, **circle** the days requested: Mon Tue Wed Thu Fri

Disclaimer- Students attending for less than 3 days may not be eligible for ELP funding.

Child's Complete Name: _____ Preferred Name/Nickname: _____ DOB: _____

Address: _____

PARENT/FAMILY INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Home Phone: _____ Other Contact Phone: _____

Parent/Guardian Email: _____ Preferred contact email? _____

Second Parent/Guardian Full Name: _____ Employer: _____

Second Parent/Guardian Address (if different): _____

Work Site Address: _____

Second Parent/Guardian Home Phone: _____ Other Contact Phone: _____

Second Parent/Guardian Email: _____ Preferred contact email? _____

Siblings: (name, DOB) _____

EMERGENCY INFORMATION

In case of an emergency who can we call if parents can not be reached?

Name: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

MEDICAL INFORMATION

Name of Dentist: _____ Telephone: _____

Name of physician: _____ Telephone: _____

Hospital preference: _____

Does your child have any allergies, take any medications or have special dietary requirements that HNS should be aware of?

NO YES - please describe: _____

Please give any other information about your child which would be helpful. Such as, play habits, sleeping habits, fears, likes, dislikes, health issues etc. (Please use additional pages if needed).

**In the event that my child, _____ becomes ill or injured, I give permission and authorization to the staff to seek emergency medical care, including transport by ambulance. YES NO

I give my consent for _____ to take part in field trips or walking excursions under proper supervision. YES NO

Are you willing to chaperone in field trips or walking excursions? YES NO

Are you willing to drive? (Drivers must have \$100,000 and \$300,000 insurance) YES NO

I give my permission for my child to be photographed and the photos to be used for HNS publicity materials and articles about the school (names not used). YES NO

I give my permission for my child to be photographed and the photos to be shared on a private facebook group and instagram feed for HNS families (names not used). YES NO

I give permission for HNS staff to share information regarding my child, _____, with the school district in which my child resides. This would typically be for funding purposes or to ensure a smooth transition to Kindergarten. YES NO

PARENT'S OR GUARDIAN'S SIGNATURES:

_____ DATE: _____

YOU MUST ENCLOSE A DEPOSIT CHECK MADE PAYABLE TO HNS. NEW STUDENT REGISTRATION FEE - \$125. DEPOSIT FOR ATTENDING 2 DAYS IS \$365; DEPOSIT FOR ATTENDING 3 DAYS IS \$485. RETURNING STUDENT/SIBLING REGISTRATION FEE - \$85. DEPOSIT FOR ATTENDING 2 DAYS IS \$325; DEPOSIT FOR ATTENDING 3 DAYS IS \$445. THE REGISTRATION FEE IS NON-REFUNDABLE IF YOU CHOOSE NOT TO ATTEND HNS.

YOU WILL ALSO NEED TO INCLUDE THE FOLLOWING WITH THIS REGISTRATION FORM:

- 1) SIGNED PICK UP PERMISSION FORM
- 2) SIGNED PARENT RESPONSIBILITY CONTRACT
- 3) COPY OF CHILD'S IMMUNIZATION RECORD OR A STATE OF VT WAIVER FORM
- 4) COMPLETED HEALTH EXAMINATION FORM