

APPLICATION

Little Otter Christian Daycare

356 Vine Street Rear Sunbury, PA 17870
570-286-7651

A non-refundable registration fee of \$25.00 must accompany this application. To insure your child's place in school, this application and registration fee must be returned to the school as soon as possible. Additional information may be obtained by calling the school at the number posted above.

Child's Name_____

Address_____Phone_____Birthdate_____

Father's Name_____Occupation_____

Mother's Name_____Occupation_____

Persons to call in emergency if parents cannot be reached:

Name_____Phone_____Relationship_____

Name_____Phone_____Relationship_____

Children will only be released to parents or to a person designated by the parents. List the individuals that may pick up your child.

Name_____Drivers License #_____

Name_____Drivers License #_____

Name_____Drivers License #_____

Class enrolling in: Infant_____Toddler_____2s_____3s_____Preschool age_____

My child will be at the school from approximately_____to_____Monday through Friday

YES NO

_____ I have been informed of the school's tuition, program, and policies.

_____ I am noting special information about my child on the back of this form. (Allergies, medical conditions)

_____ My child has permission to be transported for emergency purposes only

_____ My child has permission to have photos, slides, and video and audio taping done for educational purposes as well as for display on the website

_____ My child has authorization for medical emergency care

OFFICE USE ONLY

Application Received_____

Registration fee received_____

Little Otter Christian Nursery School

356 Vine Street Rear Sunbury, PA 17870

570-286-7651

School Activities Permission Form

I hereby grant permission for my child, _____:

1. to participate in all of the activities of the school
2. to be photographed and their picture to appear in the schools memories
3. to leave school property under the supervision of the staff for neighborhood walks or in an emergency as seen fit by the director.

Signature _____

Relationship to the Child _____

Date _____