ERDMAN PRESCHOOL AUTHORIZATION AND CONSENT FORM MA DEEC ENROLLMENT

My child	has been accepted in the	class at Erdman Preschool
which meets from until	. The tuition will be	e annually, or may
which meets from until The tuition will be annually, or may be paid in ten monthly installments of due the 15th of each month. I have read the school's philosophy and		
policies as stated in the brochure, and I agree to pay the tuition stated above and provide all requested information.		
Child Information		
Child's Name:		of Birth:
Child's Home Address:		
Home Phone Number:	<u> </u>	
Primary Language:		
Sex: M or F Height: Weight: _	Eye Color: Hair	Color: Skin Color:
Parent/Guardian Information		
1. Parent/Guardian Name:	Relation	onship to Child:
Home Address:		
Reachable Phone Number:	Email Addres	ss:
Business Name:	Business Address:	
Business Phone Number:	Hours at Work:	
2. Parent/Guardian Name:	Relat	tionship to Child:
Home Address:		_
Reachable Phone Number:		
	Business Address:	
Business Phone Number: Hours at Work:		
Additional Information		
Child's Physician:		
Address:		Number:
Allergies/Special Diets?		
Individual Health Plan for child with a chro		es or No. If Yes, please attach.
Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If Yes, please attach.		
Special limitations or concerns? Use back to		=
The school has my permission to takeon walking trips in the school area, including the Scituate Public Library, in which the group participates during the school year. I understand that I will be notified in advance and		
must sign a permission slip for trips requiring transportation by car.		
Parent/Guardian Signature	• •	
Please check desired box(es), sign and date		
☐ The school has my permission to use my	e-mail	on class lists
to facilitate communication among parents		
☐ The school has permission to submit pic		
Parent/Guardian Signature	Date	
☐ The school has permission to use pictures of my child involved in school activities for the website, brochure and social		
media. (Children will NOT be named or ta		
Parent/Guardian Signature		
I hereby authorize Erdman Preschool to release my child to the following person (other than parents):		
Address	Address	
		ld
Telephone #	Telephone #	
I understand the policy of the school is to release only to the above person/s unless notified in writing.		
Parent/Guardian Signature_	Date	