



AGUDATH ISRAEL NURSERY SCHOOL

20 ACADEMY ROAD • CALDWELL, NJ 07006 • 973-226-2537 • Fax: 973-226-4190 • NURSERY@AGUDATH.ORG

2008/09 STUDENT INFORMATION

EMERGENCY CONTACT INFORMATION

Child's Name _____
 Home Address _____
 Home Phone _____
 Father's Name _____ Business Phone _____
 Place of Employment _____ Cell Phone _____
 Work Address _____
 Mother's Name _____ Business Phone _____
 Place of Employment _____ Cell Phone _____
 Work Address _____

PERSON TO BE CALLED IF PARENT IS UNAVAILABLE

Name _____
 Home Address _____
 Home Phone _____ Cell Phone _____

 Name _____
 Home Address _____
 Home Phone _____ Cell Phone _____
 Physician Name _____ Phone _____
 Physician Address _____
 Dentist Name _____ Phone _____
 Dentist Address _____

IN CASE I CANNOT BE REACHED FOR AN EMERGENCY, I HAVE ARRANGED FOR THE ABOVE TO BE CONTACTED.

Signature _____ **Date** _____

PARTICIPATION PERMISSION FORM

I hereby give permission for _____ to leave the school premises and go on supervised walks, field trips, etc. with the teacher.

I hereby give permission for _____ to participate in all activities, using play equipment, outdoor equipment and all activities at nursery school.

Signature _____ **Date** _____

EMERGENCY RELEASE FORM

In the event that a medical emergency arises and I cannot be reached I authorize Agudath Israel Nursery School to seek emergency attention for my child as deemed necessary by the administrator or teacher.

Signature _____ **Date** _____

I, the undersigned, release Congregation Agudath Israel and the Nursery School from any liability concerning my child.

Signature _____ **Date** _____