



**FUNSHINE NURSERY SCHOOL SUMMER APPLICATION 2020**

**P.O. Box 323  
Red Hook, NY 12571  
845 758-0813**

IF YOUR CHILD ATTENDED FUNSHINE IN THE 2019-20 SCHOOL YEAR, IT IS NOT NECESSARY TO FILL OUT THIS APPLICATION.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PARENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
(BUSINESS) \_\_\_\_\_ EMAIL \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

PARENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
(BUSINESS) \_\_\_\_\_ EMAIL \_\_\_\_\_  
OCCUPATION \_\_\_\_\_

EMERGENCY CONTACT PERSON (Person to contact when you cannot be reached)  
NAME / RELATIONSHIP TO CHILD \_\_\_\_\_  
TELEPHONE \_\_\_\_\_  
CHILD'S PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
INSURANCE CARRIER / NUMBER \_\_\_\_\_

WHAT WOULD YOU LIKE US TO KNOW ABOUT YOUR CHILD? I.E. FEARS, BATHROOM HABITS, SPECIAL NEEDS, ETC. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESTRICTIONS:  
FOOD \_\_\_\_\_  
OTHER \_\_\_\_\_  
ANY ALLERGIES \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY CHILD, \_\_\_\_\_ TO PARTICIPATE IN FIELD TRIPS WHICH FUNSHINE NURSERY SCHOOL CONDUCTS, AND TO HAVE HIS/HER PHOTOGRAPH TAKEN FOR CLASS PICTURES, FOR THE NEWSPAPER OR FOR OTHER SCHOOL RELATED EVENTS OR PURPOSES. I CONSENT TO THE USE OF MY CHILD'S NAME IN CONNECTION WITH NEWSPAPER ARTICLES PERTAINING TO SCHOOL EVENTS AND ACTIVITIES.

WE WILL NEED TO BE NOTIFIED, IN ADVANCE IF SOMEONE OTHER THAN YOURSELF WILL BE PICKING UP YOUR CHILD.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

A \$25 FEE IS REQUIRED WITH THIS REGISTRATION UNLESS YOU PAID THE \$50 REGISTRATION FEE FOR THE 2019-209 SCHOOL YEAR. PLEASE INCLUDE A PHYSICIAN SIGNED PHYSICAL AND IMMUNIZATION RECORD DATED WITHIN 12 MONTHS.