

**Temple Rodef Shalom Nursery School
2016-2017 Master Information Form**

We are required by Social Services to have this information on file for each student. Please be sure to complete each field.

Student Name: _____ **Preferred Name:** _____

Birthdate: _____ **Gender:** _____

Student's Primary Street Address: _____

Parent/Guardian Information:

Parent 1

Name: _____
Home Phone: _____
Office: _____
Cell: _____
E-mail: _____

Parent 2

Name: _____
Home: _____
Office: _____
Cell: _____
E-Mail: _____

Emergency Contact Information (DC Metro Area Only):

List two persons (must be local) that we should call in case of illness or emergency, who are also authorized to pick up your child if neither parent can be reached.

Name: _____
Relationship to child: _____
Telephone Number(s): _____
Address: _____

Name: _____
Relationship to child: _____
Telephone Number(s): _____
Address: _____

In addition to the people named above, the following person(s) are authorized to pick up my child:

Name: _____ **Cell Number:** _____

Name: _____ **Cell Number:** _____

Name: _____ **Cell Number:** _____

Over

Student Name: _____

The following person(s) is NOT authorized to pick up my child:

If child attends this school and another school also, give the name of the school:

_____ Phone: _____

Medical Information:

Physician's Name: _____ Telephone Number: _____

Insurance company: _____ Plan/Group/Policy#: _____

List Student Allergies: _____

If your child does not have any allergies, please fill in n/a.

AGREEMENTS

Throughout the year, photos/videos are taken by our staff. They are displayed in our school and temple newsletters, on our website and Facebook, in promotional materials, in school emails, and in local newspapers. These images document the exciting learning that takes place daily in our school. Children's names and personal information are NEVER included with any of the images without prior authorization. **Your permission to use your child's image is assumed unless you notify the Nursery School Office in writing otherwise.**

Temple Rodef Shalom Nursery School agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick the child up thereafter as soon as possible.

The Parent(s)/guardian authorizes Temple Rodef Shalom Nursery School to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and /or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

We have read and understood the information included in this form. We agree to abide by the guidelines therein.

Signature: _____ Date: _____

Director, Temple Rodef Shalom Nursery School *Fran Beffer* Date: 7/2/2016

This form is to be kept by TRSNS and is to be taken to the doctor or treatment facility in case of emergency.