



Mail to: PO Box 91 Goshen, NY 10924 | Location: 33 Park Place Goshen NY 10924 | (845) 294-8250 | [www.gapns.com](http://www.gapns.com)

### GAPNS Mommy & Me Program Enrollment

Date: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

Name used for child, if different from above: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Home Address:** \_\_\_\_\_

#### Parent/Guardian Information:

1. Primary Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

2. Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

#### Pediatrician Information:

Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

#### Local Emergency Contacts and Persons Permitted to bring child to class and/or pick-up Child:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about GAPNS? \_\_\_\_\_

#### Additional Information about your child:

Special Needs or Limitations: \_\_\_\_\_

Allergies or Food Sensitivities \_\_\_\_\_

Medications: \_\_\_\_\_

Previous Nursery School or Day Care Experience \_\_\_\_\_

Other information that might be helpful \_\_\_\_\_

**Consent for Emergency Medical Treatment**

I authorize Goshen Area Parent Nursery School’s teachers or their designee to transport my child to the hospital for emergency evaluation. I also authorize emergency tests or treatment if medically indicated to preserve life or prevent disability.

Parent/Guardian: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

I understand that GAPNS teachers and members will take photographs of children during school and at school-sanctioned activities. I authorize GAPNS to publish photographs of my child for advertising and for the school’s archives.

Parent/Guardian: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This is to be completed by a GAPNS Registrar\*\***

Date \_\_\_\_\_

Name: \_\_\_\_\_

Is registered for Mommy & Me. Dates of program \_\_\_\_\_

**Paid Today:**

\$ \_\_\_\_\_ \$100 Session Fee - Mandatory due at time of registration