

**GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL  
RETURNING STUDENT ENROLLMENT PACKET 2017-2018**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_ M \_\_\_ F

Parent One \_\_\_\_\_

Parent One Cell Phone \_\_\_\_\_ Parent One Email \_\_\_\_\_

Parent Two \_\_\_\_\_

Parent Two Cell Phone \_\_\_\_\_ Parent Two Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Marital Status: Married \_\_\_ Single \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_\_\_

<b>INFORMATION</b>	<b>Parent #1</b>	<b>Parent #2</b>
<b>Present Occupation</b>		
<b>Name of Firm</b>		
<b>Work Address</b>		
<b>Work Phone</b>		
<b>Former Occupation</b>		
<b>Interests/Hobbies/Talents</b>		
<b>Frequency of Business Travel</b>		

GUARDIAN(s) if other than PARENT(s) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

<b>SIBLING INFORMATION</b>	<b>OTHER PERSONS LIVING in HOME</b>

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**MEDICAL / EMERGENCY INFORMATION**

CHILD'S PHYSICIAN \_\_\_\_\_

PHYSICIAN ADDRESS / PHONE  
\_\_\_\_\_

*Is your child:*

	<u>YES</u>	<u>NO</u>	<i>Specific</i> <u>Allergy/Medications</u>
Allergic to foods	_____	_____	_____
Other allergies?	_____	_____	_____
Taking Medications:	_____	_____	_____

**LOCAL EMERGENCY CONTACTS (*In order of preference*):** If parent(s) is not available.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell \_\_\_\_\_

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**PERMISSION TO SHARE CONTACT INFORMATION**

GCCNS creates a *GCCNS Family Directory* which will be distributed to all GCCNS families. If you wish NOT to have your contact information published in the GCCNS Family Directory, please check the statement below:

\_\_\_ I **DO NOT** want my family contact information published in the GCCNS Family Directory.

**PARENTAL PERMISSION FORM**

I hereby give permission to the Glenview Community Church Nursery School to:

1. Take my child on walking trips in the neighborhood, using public park facilities with the understanding that such trips are under the supervision of staff and parent volunteers with due precautions taken.
2. Use photographs of my child for publicity purposes.
3. Provide emergency care:
  - By administering first-aid
  - By calling the paramedics
  - By providing transportation to hospital or doctor.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CAREGIVER INFORMATION**

\_\_\_\_\_ I do not have a caregiver

\_\_\_\_\_ I do have a Caregiver (If checking this box please complete below)

**CAREGIVER'S NAME** \_\_\_\_\_

How can we reach your CAREGIVER during school hours?

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If your Caregiver is the primary person who brings your child to and from school and is the daily contact with the teachers, please let us know how you would like us to handle communications. Newsletters, fliers and Classroom News are placed in your child's Picture Bag. It is important that you and your Caregiver read these important notices about dates and events.

Daily communications about your child, though brief, are necessary and helpful in making a child's school experience a good one. The extent to which you wish your caregiver to be involved in these

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communications needs to be discussed in detail with your child's teacher during a conversation at the beginning of the school year.

Please indicate your preference below.

- I wish my Caregiver to:
- Exchange general information with the teachers
  - Share home and school concerns
  - Not be involved in any communications

Address of Caregiving Location (If **not** your own home)

\_\_\_\_\_

Phone Number of Location \_\_\_\_\_

Work schedule of Caregiver \_\_\_\_\_

Primary language of Caregiver \_\_\_\_\_ Is he/she proficient in English? \_\_\_\_\_

How long has your family known or employed your caregiver? \_\_\_\_\_

**DRIVING SCHEDULE**

I give my permission for the following people to pick up my child:

<u>NAME</u>	<u>PHONE NUMBER/S</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

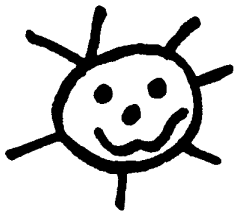
I am in a carpool with the following people:

<u>DRIVER</u>	<u>PHONE NUMBER/S</u>	<u>NAME OF CLASSMATE</u>
_____	_____	_____
_____	_____	_____

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*IMPORTANT!** Please inform your child's teacher in writing if someone other than you, your regular caregiver or a carpool parent will be picking up your child.

**\*\*\*REQUIRED!** A photo ID (license, state ID, passport) of any adult picking up or dropping off (outside of the parents recorded in this packet) must accompany this packet in order to ensure your child's safety. This includes nannies and all occasional caregivers.



# Glenview Community Church Nursery School

1000 ELM STREET • GLENVIEW, ILLINOIS 60025-2897 • (847) 729-1440



**Please electronically insert or manually affix photos below**


## GLENVIEW COMMUNITY CHURCH NURSERY SCHOOL

**Please check off each requirement and sign below to indicate that you have received, read and understood the following GCCNS policies. Your application will not be complete without the completion of this signature page.**

I / We have made a selection regarding the sharing of our families contact information with the rest of the GCCNS community (please see Permission to Share Contact Information included in this packet)

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\_\_\_ I / We understand that by signing this form we give GCCNS permission to take my child on field trips, use photographs of my child for publicity purposes and provide emergency care (please see Parental Permission Form included in this Packet)

\_\_\_ I / We have indicated if we do or do not use a caregiver and if so complete all necessary information about that person (see Caregiver Information Form)

\_\_\_ I / We have completed the driving schedule and attached photo IDs (license, state ID or passport) of any adult picking up / dropping off my child (outside of the parents recorded in this packet).

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(Parent Signature)

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(Print Name)

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(Date)

**SUPPLEMENTARY HISTORY**

Your child's original history is on file. However, it is important that you prepare this supplementary history with new insights to your child's growth and development. Remember, that you can help us to know your child through continuing communications.

\*\*\*\*\*

Comment on any changes in health, eating, toileting, sleeping, relationships with family members, or any other matters that are important for the teachers to know.

Comment on any new medications your child is taking, any new therapy in which he /she is enrolled.

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Comment on any concerns you may have for your child.

Are there particular things that you would like us to work on together during the year with your child?

Is there any additional information about your child that you would like us to know?

What Holidays or traditions do you celebrate that are important to your family?

Any new members of the family since last May (please include birthdates)?

What kindergarten will s/he attend?

Additional Comments you would like to share: