



My child, _____ is a returning Magic Years Student. There has been no change to his/her face sheet, development history or emergency contact information. *Please bring this letter and an updated school health form with you at your child's orientation.

Date

Parent/Guardian Signature

Change of address information:

Transportation Plan and Authorization

My child will arrive at the program

My child will depart from the program

Parent drop off _____

Other _____

Parent pick up _____

Other _____

Parent/Guardian Signature _____

Date: _____

Refer to First Aid and Emergency Medical Care Consent Form for Release Information

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name:

Date of Birth:

I authorize staff at the Magic Years Nursery School who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name:

Address: _____

Phone Number: _____

Child's Allergies:

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ CellPhone: _____

Do you give permission for the child to be released to this person? Yes _____ No _____

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for the child to be released to this person? Yes _____ No _____

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for the child to be released to this person? Yes _____ No _____

Health Insurance coverage: _____ Policy# _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent/Guardian Signature: _____ Date: _____

Magic Years Oral Health Care Policy



No I don't want my child to brush teeth

Signature: _____

If you have any questions or concerns, please see the office.

School Participation Authorization and Payment Agreement

1. I hereby grant permission for my child to use all of the play equipment and participate in all school activities.
2. I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.
3. The school will not be held responsible for anything that may happen as a result of false information given at the time of enrollment.
4. I agree to pay the yearly tuition divided into 10 payments or will make other arrangements with the directors to satisfy this financial obligation.
5. I agree to give a 30 day notice if withdrawal of my child is necessary. If this 30 days notice is not given I will pay the next installment of the tuition. **I understand that all fees and tuition are non-refundable.**

Signed _____ (Parent/Guardian)

Signed _____ (Parent/Guardian)

Signed _____ (Witness)

Please attach a current physical plus immunization record, including a lead screening and varicella vaccine.