BALDWINSVILLE
NURSERY SCHOOL

REQUIRED REGISTRATION PAPERWORK

2026-2027

<u>Note</u>: Please be sure
your child's name & class
are indicated on top of EVERY PAGE

Child's Name: _____

Class (circle please): LITTLE STARS LITTLE LIGHTNING BOLTS LITTLE COMETS

RAINBOW SKY SUNSHINE

Authorization for Pick Up

The following individuals are hereby authorized to pick up my child from Baldwinsville Nursery School. If, at any time during the school year, I wish to remove or add a person from/to the list, I will provide written notification.

**(please list yourselves first)

1. Parent #1 Name:_____

   Phone:_____ Phone:_____

2. Parent #2 Name:_____

   Phone:_____ Phone:_____

Others:

1. Name:_____ Relationship to student:_____

   Phone:_____ Phone:_____

2. Name:_____ Relationship to student:_____

   Phone:_____ Phone:_____

3. Name:_____ Relationship to student:_____

   Phone:_____ Phone:_____

4. Name:_____ Relationship to student:_____

   Phone:_____ Phone:_____

(continue list on back if needed→)

I understand that my child will not be released to any person who is not named above.
I understand that any person above who is new to my child's teaching staff (i.e. we are not visually familiar with them), will need to provide a Photo ID if/when s/he picks my child up and that it is my responsibility to instruct him/her to bring the ID with them.

Signature of parent/guardian: _____ Date: _____

Child's Name: _____

Class (circle please): LITTLE STARS LITTLE LIGHTNING BOLTS LITTLE COMETS

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MEDICAL AUTHORIZATION

In case of minor cuts and bruises;

_____I authorize the staff to administer first aid (washing, bandage, ice pack, etc.) treatment to my child.

Parent Signature_____ Date_____

Please complete EITHER the consent (top) OR refusal (bottom).

Consent

In case of emergency, I _____(Parent / Guardian), being legally empowered to do so, hereby grant to the Baldwinsville Nursery School, its staff and teachers, the right to give a licensed attending physician or surgeon and/or hospital, permission and consent for emergency treatment and surgery for _____. (Child's Full Name)

In the event that I am not available when such treatment or surgery is needed, I prefer to have my child taken to _____. (Name of Hospital)

I have read the above consent and understand the contents thereof:

_____ _____

(Parent/Guardian Signature) (Witness Signature)

_____

(Parent/Guardian Printed Name)

Refusal

I have read the above consent and will not sign for the following reason(s): _____. I understand that the BNS will be held harmless should any doctor or hospital refuse to administer care to _____ (Child's Full Name) as a result of my refusal to sign this Emergency Treatment Operative Permit.

I have read the above refusal and understand the contents thereof:

_____ _____

(Parent/Guardian Signature) (Witness Signature)

_____

(Parent/Guardian Printed Name)

Child's Name: _____

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Acceptance of Financial Policies at BNS

BNS is a not-for-profit school and a program of the First United Methodist Church of Baldwinsville. The cost of operation, including payment of your child's teachers, depends solely on your adherence to the following:
(Please initial in each blank to indicate that you have read and agree to our financial policies.)

1. Your child's tuition must be paid on time. The account is under the name of your child. You can pay the year's tuition in full, make 3 installment payments due July, November & March, OR, you can make 10 installment payments- each by the 1st of the month, July through April. VENMO is preferred but for those wishing to pay by check, please give payments directly to the director. While reminders may be sent via email, understand that ***you*** are responsible for knowing tuition due dates (1st of month) The first tuition payment is non-refundable.

   _____ **I UNDERSTAND there are tuition due dates and will make tuition payments on time**
   (please initial)

2. Tuition is payable by checks made out to BNS (Baldwinsville Nursery School) or through VENMO app on your smart phone. Please pay exact amount; no change will be given & overages will be gratefully accepted as a donation to the school. A minimum of two-weeks' notice is required to withdraw from the program.

   _____ **I UNDERSTAND and will pay exact amount due by check, or via VENMO**
   (please initial)

3. Because we run on a tight budget, no adjustments to tuition will be made if your child misses class due to weather conditions, illness or vacations. Adjustments will not be given for school closings due to inclement weather.

   _____ **I UNDERSTAND and will not ask for adjustments in tuition cost**
   (please initial)

4. An important source of funding for our program is **FUNDRAISING.** We will have 2 sales fundraisers per school year. <u>All families are required to participate in fundraisers</u>. We always offer different levels of participation and encourage you to propose/facilitate Fundraisers that appeal to you.

   _____ **I UNDERSTAND and will participate in BNS fund raisers.**
   (please initial)

Child's Name: _____

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Spread of Illness Prevention

(please read each statement and initial to indicate agreement)

_____ I agree to keep my child home if she/he is exhibiting signs of illness.

_____ I agree to BE REACHABLE by phone so that the school can get ahold of me to come and pick my child up from school ASAP if they are not well.

____ I agree to take my child to the Doctor if she/he continues to be ill over more than 2 or 3 days so that a diagnosis can be made and doctor's instructions followed.

____ I agree to communicate with my child's teacher regarding my child and illness so that we may collaborate and navigate an attendance plan together.

____ I agree to keep my child home until they are 24 hours fever-free without medication and 24 hours has passed since any vomiting.

No Publicity Form

LEAVE BLANK IF PERMISSION IS GRANTED

Baldwinsville Nursery School (BNS) provides the community with news, photos and video from our schools as well as information about events, activities and achievements. At times we also share student work.

BNS provides this information through a variety of mediums including, but not limited to our church newsletters, the BNS website and "social media" (Facebook,etc.). Student names will never be used.

Parents and guardians who **DO NOT WANT** their child's photograph to appear in these publications are asked to complete the form below. This form **ONLY** needs to be completed if you **DO NOT WANT** your child to appear.

PLEASE NOTE: This request does not preclude students from being included in school messages, event programs, or displays in school buildings. Events outside of school hours and field trips are also exempt from this disclaimer.

Not completing a No Publicity Form will be interpreted as giving permission to photograph or your child in building publications and the local media.

Child's Name:_____

Child's Class:_____

Parent/Guardian Name:_____

_____(initial) I understand that by completing this form, I am adding my child's name to the BNS No Publicity List. His or her name and photo will not be used in BNS external publications.

Child's Name: _____

Class (circle please): LITTLE STARS LITTLE LIGHTNING BOLTS LITTLE COMETS

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Additional Agreements

(Please initial in each blank to indicate that you have read and agree to our policies.)

I give permission to Baldwinsville Nursery School (BNS) to include my name, address and telephone numbers on their class list which will be distributed to all nursery school parents _____

IMMUNIZATION PAPERWORK

Your child cannot attend school without vaccination paperwork submitted to BNS. I understand this, and I have attached my child's immunization paperwork to this packet _____

I have access to the parent handbook on the school website and am responsible for all rules and procedures within _____

I agree that the following Waiver and Release of Liability shall apply to each day my child is at Baldwinsville Nursery School regardless of the date that this form is signed below. I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child, or other family members while on the premises of the preschool or participating in any off-site preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits, or related causes of action against Baldwinsville Nursery School, their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the preschool arising from my conduct and/or my family's conduct while participating in the preschool's programs or activities. I further agree to release, indemnify, defend and hold Baldwinsville Nursery School harmless from any liability whatsoever for future claims presented by my child, or other family members for any injuries, losses or damages.

Signature_____ Date_____