

OFFICIAL USE ONLY

Date Received: _____



1 FIRST CHURCH LANE
NORTH SHORE, PEMBROKE EAST
P.O. BOX HM 209, HAMILTON HM AX
Phone: 295-6785 or Fax: 295-7835

PASTOR-GENERAL OVERSEER:
Bishop Dr. Vernon G. Lambe Sr., M.B.E., D.D., J.P.
DIRECTOR:
Ms. U. Denniqua F. Burrows, B.A., M.Ed.

OFFICIAL USE ONLY

TEACHER: _____

APPLYING FOR SPACE:

Child's Name: _____

(Nickname)

Child's Age: _____

D.O.B.: _____

Child's Address: _____

Home Phone No.: _____

Mother's Name: _____

Job: _____

Phone No.: (home) _____ (work) _____ (cellular) _____

Father's Name: _____

Job: _____

Phone No.: (home) _____ (work) _____ (cellular) _____

Marital Status (please tick):

- Married Single Separated Divorced

PREVIOUS NURSERIES ATTENDED/ REASON FOR LEAVING:

Date Completed: _____

Signature: _____

(Parent or Legal Guardian)



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Family History Form

Marital Status of Child's Parents: _____

Other children in Family: _____ **Age:** _____

_____ **Age:** _____

_____ **Age:** _____

Physical Background & Development:

Emergency contact name & number, other than parents: _____

Pediatrician's name & number: _____

Has your child had any illnesses, operations, accidents or unusual experiences? _____

Explain: _____

Does your child suffer from allergies, asthma, or eczema? _____

Please specify: _____

Is your child on any medication? _____

Please specify: _____

Describe your child's sleep habits: _____

Does your child dress independently? _____

Discipline:

Would you describe your child as easy or difficult to manage? _____

What methods of discipline have you found most effective? _____

What is your child's reaction to discipline? _____



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Routines:

What activities does your child enjoy with...

Mother? _____

Father? _____

Siblings? _____

Does your child play with other children? _____

What age and sex are your child's most frequent companions? _____

Does your child have any imaginary friends? _____

Does your child usually play alone? _____

Does your child always play with another person? _____

Is your child read to? _____ **By whom?** _____

What type of play is your child's favourite (i.e. Onlooker behavior, Solitary independent, Parallel, Associative, or Cooperative)? Explain. _____

What is your child's morning routine like? _____

What is your child's bedtime routine like? _____

When there is a disruption to your child's routine, how do they respond? _____



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Blanket General & Travel Permission Form

I Give Permission for my child to use all of the play equipment and to participate in all of the activities of the Nursery.

I Give Permission for my child to leave the Nursery Premises under the supervision of a staff member for neighbourhood walks, or for field trips in an authorized vehicle.

I Give Permission for my child to be included in evaluations and pictures connected with the school programme.

The First Church of God Nursery School has my permission to transport my child

_____ on excursions or other planned trips away from
(Name of Child)
the center. I understand that every possible precaution will be taken to ensure the health and safety of my child. This is not intended as a waiver or release of any legal responsibility.

Signature: _____
(Parent or Legal Guardian)

Date: _____



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Parental Financial Agreement

(Parents, please read carefully and sign this agreement)

I Agree:

To comply with the rules and regulations of the First Church of God Nursery School regarding fees, attendance, health information, parking, clothing and other items, as specified in the PARENT'S HANDBOOK issued by the school.

I Agree:

To notify the school two (2) weeks in advance of my intentions to withdraw my child/children from the school, or pay the difference. All fees falling two weeks or more in arrears will be sent to the BERMUDA CREDIT ASSOCIATION. I will pay all charges there encountered.

Date: _____

Signature: _____

(Mother or Legal Guardian)

Date: _____

Signature: _____

(Father or Legal Guardian)



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Emergency Medical Care Form

I Give Permission for the Director or Nursery Teachers to take whatever steps necessary to obtain emergency medical care for my child, if warranted. These steps may include, but are not limited to the following:

- 1. Attempt to contact a parent or guardian.**
- 2. Attempt to contact the child's physician.**
- 3. Attempt to contact a parent or guardian through any of the persons listed on the Emergency Card Information Form.**
- 4. If we cannot contact you or your child's physician, we will do any, or all of the following:**
 - a. Call another physician.**
 - b. Call an ambulance.**
 - c. Have the child taken to the emergency room, in the company of a staff member.**
- 5. Any expenses incurred under #4 above will be paid by the child's family.**
- 6. The Nursery will not be responsible for anything that may happen as a result of false information given at the time of enrollment.**

Date: _____ **Signature:** _____
(Mother or Legal Guardian)

Date: _____ **Signature:** _____
(Father or Legal Guardian)

Date: _____ **Signature:** _____
(Witness)

Date: _____ **Signature:** _____
(Witness)



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Physician's Report

Child's Name: _____ Date of Birth: _____

School: _____

Immunizations: (Diphtheria, Pertussis and Tetanus)

1 st	_____	Boosters	_____
2 nd	_____		_____
3 rd	_____		_____

Oral Polio:

1 st	_____	Boosters	_____
2 nd	_____		_____
3 rd	_____		_____

Rubella _____

Measles _____

Mumps _____

1. Does this child have any physical conditions that the Nursery should be informed about?

2. Does this child require special attention, medication, or routines that may have to be taken into consideration during lesson planning? _____
3. In your opinion, is this child physically and emotionally able to participate in a Nursery School Programme? _____

Date: _____ Signature: _____

(Physician)