



Brotherhood Nursery School Back-to-School Form

To submit your Back-to-School form, please save this PDF as [\[child'sname\]brotherhoodnursery application.pdf](#) and email it to nursery_assistant@brotherhoodsynagogue.org. Thank you!

Child & Family Information

Child's First Name

Last

Birthday

Home Phone

Parent 1

First Name

Last

Phone

Email

Parent 2

First Name

Last

Phone

Email

Medical Form Notice:

All children must have a current medical form on file. You can find a copy on the nursery school website. Please mail, fax, email, or delivery it by hand to the nursery school office.

Food and Drug Allergies:

Support Services:

Please indicate below whether your child is receiving support services such as speech therapy, occupational therapy, physical therapy, psychological counseling, etc. In some situations, we may ask you to allow us to communicate with the outside school professionals to ensure that we are supporting all efforts in the classroom setting. All information will be kept confidential.

Services

Services

Services

Name of practitioner/agency

Name of practitioner/agency

Name of practitioner/agency

Phone # of practitioner

Phone # of practitioner

Phone # of practitioner

Phone # of agency

Phone # of agency

Phone # of agency

Medication Authorization:

In the case of an emergency, I hereby authorize the doctor and/or the hospital (and any designated assistants) to which my child/children may be brought to perform any emergency procedure/operation, to give treatment and to administer an anesthetic during his/her stay.

_____ I have read and agree to the above medical authorization.

Initial above

Trip Consent:

_____ I hereby give permission for my child to participate in day trips as
Initial above part of the Brotherhood Synagogue Nursery School program.

Photo and Film Consent:

_____ I hereby give permission for my child's picture to be used by the
Initial above Brotherhood Synagogue Nursery School in future promotional
material.

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