

# APPLICATION

## Little Otter Christian Daycare

356 Vine Street Rear Sunbury, PA 17870  
570-286-7651

A non-refundable registration fee of \$25.00 must accompany this application. To insure your child's place in school, this application and registration fee must be returned to the school as soon as possible. Additional information may be obtained by calling the school at the number posted above.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

### Persons to call in emergency if parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Children will only be released to parents or to a person designated by the parents. List the individuals that may pick up your child.

Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Class enrolling in: Infant \_\_\_\_\_ Toddler \_\_\_\_\_ 2s \_\_\_\_\_ 3s \_\_\_\_\_ Preschool age \_\_\_\_\_

My child will be at the school from approximately \_\_\_\_\_ to \_\_\_\_\_ Monday through Friday

YES NO

\_\_\_\_\_ I have been informed of the school's tuition, program, and policies.

\_\_\_\_\_ I am noting special information about my child on the back of this form. (Allergies, medical conditions)

\_\_\_\_\_ My child has permission to be transported for emergency purposes only

\_\_\_\_\_ My child has permission to have photos, slides, and video and audio taping done for educational purposes as well as for display on the website

\_\_\_\_\_ My child has authorization for medical emergency care

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### OFFICE USE ONLY

Application Received \_\_\_\_\_

Registration fee received \_\_\_\_\_

# Little Otter Christian Nursery School

356 Vine Street Rear Sunbury, PA 17870

570-286-7651

## School Activities Permission Form

I hereby grant permission for my child, \_\_\_\_\_:

1. to participate in all of the activities of the school
2. to be photographed and their picture to appear in the schools memories
3. to leave school property under the supervision of the staff for neighborhood walks or in an emergency as seen fit by the director.

Signature \_\_\_\_\_

Relationship to the Child \_\_\_\_\_

Date \_\_\_\_\_