

Send Payment, Fax or Delivery To:

Radisson Community Association · c/o RNS 3128 Amesbury Drive · Baldwinsville, NY 13027 fax 315-635-7182 · phone 315-635-7171

2021-2022 Nursery School Registration Application

		OI DIKIN	M F	
PARENT/GUARDIAN NAME:				
PARENT/GUARDIAN NAME:				
ADDRESS:				
ADDRESS: House & Street		City	Zip	
CLASS REQUESTED NOTE	: RNS reserves the right to cancel o	and/or combine classes	s if enrollment is insufficient.	
			Mandala Data	
2 yr old program* *must be 2 by 11/01/2021	Confirmation of classes TBD		Monthly Rate	
3 yr old program	Tuesday & Thursday	9-11:30 AM	\$135	
4 yr old program	Monday, Wednesday, Friday	9-11:30 AM	\$155	
4 yr old program	Monday thru Friday	9-11:30 AM	\$210	
	S ARE DUE ON THE FIRST DAY	OF EACH PRECEDIN	,	
I have read and completed all pages		•	e P	
• • • • • • • • • • • • • • • • • • • •	Emergency Treatment Perm			
Immunization Records (can	be faxed or mailed to RCA from pe	ediatrician at your earli	est convenience)	
I give permission to Radisson Nurse telephone numbers on their class lis parents and 2) include my child's pl newspapers.	t which will be distributed to all	nursery school	YESNO	
I agree that this Waiver and Release of Lial this form is signed below. I agree I will ass occur to my child or other family members or activity; and to the maximum extent of t against Radisson Nursery School, their own heirs or assigns, or third party claims, suits my family's conduct while participating in hold Radisson Nursery School harmless froor damages.	ume the risk and full responsibility the while on the premises of the preschible law, I agree to waive and release ners, officers, employees or agents for related causes of action asserted the preschool's programs or activities.	for any and all injuries, ool or participating in any and all claims, sui or injury, loss, death, c against the preschool a es. I further agree to re	losses, or damages, that might any off-site preschool program ts, or related causes of action osts or other damages to me, my rising from my conduct and/or lease, indemnify, defend and	
(Signature of Parent or Guardian)		(Date)		
(Signature of RCA USE ONLY	rarent or Guardian)		(Butt)	



Emergency Treatment Operative Permit

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

n case of emergency, I	, being legally empowered to do so, hereby grant to the Guardian)
Parent/0) Radisson Nurserv School, its staff and te	Guardian) eachers, the right to give a licensed attending physician or surgeon and/or
-	ergency treatment and surgery for
iospital, permission and consent for eme	(Child's Full Name)
In the event that I am not available when	n such treatment or surgery is needed, I prefer to have my child taken to
(Name of Hospital)	·
have read the above consent and under	stand the contents thereof:
(Parent/Guardian Signature)	(Witness Signature)
(Parent/Guardian Printed Name)	
have read the above consent and will no	ot sign for the following reason(s):
understand that the Radisson Nursery S	School will be held harmless should any doctor or hospital refuse to
	as a result of my refusal to sign this Emergency
(Child's Full Freatment Operative Permit.	l Name)
have read the above refusal and unders	tand the contents thereof:
have read the above refusal and unders	tand the contents thereof:
(Parent/Guardian Signature)	(Witness Signature)



Child Information Form

Name:		DOB:	N	I F Nickname:	
Right or Left	Handed:	Sitter Name &	Phone:	plicable during school hours or	:-1)
Family Info	ormation		(II ap	pricable during school hours of	ріскир)
		mom dad	guardian and/o	or step parent	
			_ g		(name/relationship)
Address:	(Street)	(City)	(Zip)	Primary Phone:	
	(Sifeet)	(City)	(Zīp)		
Mother/	Name:	(Cell:	Email:	
Guardian	Place of Employn	nent:	Work Pł	none:	
Father/	Name:	(Cell:	Email:	
Guardian	Place of Employment: Work Ph			none:	
Siblings, Nam	es & Ages:				
	•				
Health Info	<u>rmation</u>				
Pediatrician's	Name & Number:				
Current Medi	ications:				
Allergies & T	reatment:				
Does child receive services for speech, O.T. or P.T.?			If yes, pl	If yes, please explain.	
Service(s):	Agency: _		Start Date:	
Other concer	ns or Special Needs	•			
	-				
<u>Emergency</u>	Contact & Tra	nsport Information	<u>l</u>		
	Parents will be	contacted first. At lea	st ONE emergenc	y contract is required.	OV.
Name		Phone 1	Phone 2	Relationship	OK to Transport (Yes or No)
	(Signat	ure of Parent or Guard	dian)		(Date)