



**2019-2020 ENROLLMENT PACKET**

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
ALLERGIES \_\_\_\_\_  
DESIRED SCHEDULE (8.30am-3.00pm): M-F \_\_\_\_\_ M/W/F \_\_\_\_\_ T/Th \_\_\_\_\_  
DESIRED SCHEDULE (8.30am-6.00pm): M-F \_\_\_\_\_ M/W/F \_\_\_\_\_ T/Th \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_  
PARENT/GUARDIAN'S FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_  
PARENT/GUARDIAN'S FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

PEDIATRICIAN'S NAME \_\_\_\_\_  
PEDIATRICIAN'S PHONE NUMBER \_\_\_\_\_  
INSURANCE INFORMATION \_\_\_\_\_

IF NEITHER PARENT CAN BE REACHED, PLEASE CALL:

(You must list someone other than the parents/guardians)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

I do hereby give authority to the Director to obtain necessary emergency medical treatment for my child with the understanding that the parent/guardian and child's pediatrician will be notified as soon as possible.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## AUTHORIZATION FOR PICK-UP

The following people that are listed below are authorized to pick up my child \_\_\_\_\_ from Elements Preschool for the school year 2019-2020.

If anyone else will be picking up your child, it is imperative that you notify the school's office or your child's teacher in writing, on or before the day of occurrence. The school shall not release a child who is not authorized to pick up and who does not have picture identification (No child will be released to any person under the age of 18.)

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

(Please indicate if Mother or Father are authorized to pick up by placing a check in the box)

| Name of Person | Relationship to Child | Telephone Number |
|----------------|-----------------------|------------------|
| 1.             |                       |                  |
| 2.             |                       |                  |
| 3.             |                       |                  |
| 4.             |                       |                  |

(Elements Preschool retains the right to require picture identification from anyone picking your child)

I understand the only I/we, or the people listed as authorized pick ups, can pick up my child. I also understand that my child must be picked up before dismissal time.

If the child has not been picked up by scheduled time, you will be charged a late fee of \$1 per minute. It is also the responsibility of the teacher or director to contact the parents and every authorized person listed on this form. If no contact can be made to arrange a pick up, authorities must be notified and child must be cared for as directed by these authorities.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## **MEDIA: CONSENT AND RELEASE**

Child's Name: \_\_\_\_\_ Program: \_\_\_\_\_

Children love to see photos and videos of themselves and their friends. We take pictures and videos daily to share with parents via the app. We also use photos to record our projects, as part of games and as labels around the classroom.

We are on Facebook and Instagram! Please let us know if we have permission to include your child's photographs, videos, quotes for use in print, on the internet, and other forms of media.

\_\_\_\_\_ Yes, I give permission for my child's photos to be used in print, on the internet and other forms of media.

\_\_\_\_\_ No, I do not give permission for my child's photos to be used in print, on the internet and other forms of media

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## WAIVER AND RELEASE OF LIABILITY AND INDEMNIFICATION

Indus World, Inc., doing business as Elements Nursery (“Elements Nursery”), provides a unique, nature-based urban preschool that provides children with an environment to play, explore, experience, create, learn, describe and grow, in both, classrooms and a large backyard space designed to replicate an outdoor woodland. Your child’s use of the facilities at Elements Preschool, and participation in the activities hosted or sponsored by Elements Preschool, are conditioned on your agreement to the following terms and conditions. **Please read this document carefully, as it constitutes a release of liability.**

I hereby acknowledge and agree to the following:

1. I/we are the parents and legal guardians of the child(ren) listed below.
2. I hereby consent that my son/daughter may attend Elements Preschool and participate in Elements Preschool and any activities hosted or sponsored by Elements Preschool, which may include, but is not limited to, the activities described in the “Program Description” on the Elements Preschool website and in other materials prepared by Elements Preschool, as may be updated from time to time, including, without limitation, camp, preschool, nature club/classes, community workdays, campouts, cookouts.
3. I/we hereby represent and warrant that each child listed below is in good physical health and there is no reason that he/she cannot participate in any of the activities hosted or sponsored by Elements Preschool, and that all illnesses, conditions or other special circumstances relating to the child’s physical health or care of which I/we are aware have been disclosed to Elements Preschool on the “Health Form”, which form is required to be submitted for every child registered to attend Elements Preschool.
4. I/we represent and warrant that the information provided to Elements Preschool on any form requested by Elements Preschool is true and correct to the best of my/our knowledge, and I/we agree to update the information requested on such forms in the event of any changes of such information.
5. I/we agree to indemnify and hold harmless Elements Preschool from and against any and all claims arising out of my/our breach of the above representations.
6. I/we hereby acknowledge that I/we have been advised and fully understand that certain elements of risk are inherent in the activities put on by Elements Preschool that are beyond the control of the instructors and participants in Elements Preschool. While Elements Preschool will ensure that safety procedures are in place, I acknowledge and understand that participation by my child in any program activities may entail unavoidable risk of personal injury and loss or damage to property. As Elements Preschool includes an emphasis on nature and children may spend all or part of the day outdoors in the rear yard, which is designed to replicate a natural woodland, these risks include, but are not limited to, hazards present out of doors and in wooded areas, such as bruises, cuts, insect and animal



bites and stings, and forces of nature such as rain, lightning and unexpected extreme weather conditions.

7. I/we hereby assume all risks of injury to my child and loss of or damage to property arising out of my child's participation in such activities and I agree to indemnify, hold harmless Elements Preschool and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said event or any third parties injured as a result of my child's actions. I further agree to reimburse Elements Preschool for any and all expenses incurred by Elements Preschool as a result of damages that my child causes to property.
8. In the event that my child requires immediate medical attention while participating in any activities hosted or sponsored by Elements Preschool, I/we hereby authorize Elements Preschool and its employees to seek medical care for my/our child(ren), and give consent to seek emergency medical attention for my child(ren) from the physician or licensed medical care provider for my child(ren), whose name and contact information I have provided to Elements Preschool, or, if such physician or medical care provider is unavailable, then from a duly licensed physician, if, in the reasonable judgment of Elements Preschool or its employees, as the case may be, such medical attention is necessary, which may include diagnostic procedures and emergency surgery and medical treatment. I/we agree that I/we shall pay all costs associated with such medical attention, including transportation costs. I/we further agree to indemnify and hold harmless Elements Preschool from any costs or claims related thereto.
9. **Arbitration; Choice of Law.** I/we agree that any controversy or claim arising out of, or related to, this Waiver or to any of Elements Preschool's services must be submitted to binding arbitration with a single arbitrator pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The arbitration shall be conducted in New York, New York. Each party to the arbitration shall pay its own expenses and costs, and the fees assessed by any arbitrator or the American Arbitration Association shall be equally divided between the parties to the arbitration. I/we agree that this Agreement will be governed by the laws of the State of New York, without regard to conflicts of laws principles.
10. **Force Majeure.** I/we agree that any delay in or failure by Elements Preschool shall be excused if such delay or failure is caused by any cause or event beyond the reasonable control of Elements Preschool, and delays or cancellations shall be subject to the cancellation policy as in effect.

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

AGREED TO BY:

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_