



It Takes a Village

158 West Montauk Highway Hampton Bays NY 11946

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Child Profile

Child's name _____ DOB _____

Parent/Guardian's name _____

Parent/Guardian's name _____

Address _____

Email address _____

Guardian's cell _____ Guardian's cell _____

Emergency contact information

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

*These people will also be authorized to pick up your child in case of emergency, when proper ID is presented. We must be notified in advance if the parents or the emergency contacts are not able to pick up the child.

People approved to pick up your child

Name _____ relationship _____

Name _____ relationship _____

If persons other than parent/guardian or the above listed need to pick up your child, written consent is required in advance via paper, or email. Photo id is required at pick up.

Permission to treat:

In case of accident or injury I request the school to contact me. If the school is unable to get in touch with me, I authorize the school to contact my child's physician and to follow their instruction.

[] yes [] no

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physician, surgeon, or hospital necessary for proper health and well-being of my child.

yes no Family

Physician _____

Address _____ Phone # _____

Insurance company _____ Policy # _____

Photo Release:

We are excited to share our days and experiences with you and your child. We love to take pictures and share our experiences. Please agree/disagree with what you are comfortable with.

Yes ___ no ___ Photos/videos may be used for classroom project documentation in classroom

Yes ___ no ___ Photo/videos may be used for graduation

Yes ___ no ___ Photos/videos may be used in private Facebook page (only ITAV families)

Yes ___ no ___ Photos/videos may be used on public School website and Instagram

Getting to know your child

Has your child attended other nursery schools, mommy and me, or library groups?

Names/ages of siblings?

Any allergies or medications?

Does your child have any special health needs?

Is your child still napping? What is his/her schedule?

What are your child's favorite activities?

What are your goals for your child this year?

I agree to review and update this information whenever a change occurs.

X _____ date _____

Parent signature