



Friends' Neighborhood Nursery School

Member of the Friends Council on Education



Camp Enrollment Forms Packet



Friends Neighborhood Nursery School

224 Highwood Avenue
Ridgewood, NJ 07450

Registration for Friends Summer Camp 2021

Friends Summer Camp runs Monday through Friday from 9am to 12pm.

Please check the sessions you would like your child to attend:

___ **Session 1*** (June 28–July 9) GROW WITH FRIENDS

*No camp on Monday, July 5 (in accordance with the federal holiday).

___ **Session 2** (July 12–July 23) WHO LIVES IN THE DIRT? WHO LIVES IN THE SAND?

Each session is \$500. If registering a second child, a 5% discount applies (\$475 instead of \$500). Please fill out one form per attending child.

I am enclosing a check for \$ _____

Child's name _____

Child's birthdate _____

Address _____

Phone _____

Email _____

For more information, email:

FNNsmail@gmail.com

Friends' Neighborhood Nursery School

224 Highwood Avenue, Ridgewood, NJ 07450

Emergency Form

Child's name: _____

Home address: _____

Home phone: _____

Date of birth: _____

Mother's name: _____

Employed by: _____

Work address: _____

Work phone: _____ Cell phone: _____

Father's name: _____

Employed by: _____

Work address: _____

Work phone: _____ Cell phone: _____

Primary email(s): _____

Pediatrician: _____

Address: _____ Phone: _____

Please list three emergency contacts who can be reached during the day if you are unavailable:

Name _____ Relationship _____

Home phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Cell phone _____

Name _____ Relationship _____

Home phone _____ Cell phone _____

Does your child have any allergies or sensitivities to food? If yes, please explain.

Are there any medical factors with regard to your child's health and safety that would affect his/her participation in any activities? If yes, please explain. _____

Is your child on any prescribed medications? _____

If yes, what condition is being treated? _____

Does your child have any vision problems? _____

Does your child have any hearing difficulties? _____

Has your child had any surgery or medical procedures? If yes, please explain and give dates.

Has your child had any "childhood diseases" (i.e. chicken pox, measles, mumps)? If yes, please explain and give dates. _____

Is your child prone to any recurring ailments (i.e. headaches, stomachaches, ear infections, croup, hay fever, upper respiratory infections, asthma, etc.)? _____

Additional comments: _____

EMERGENCY RELEASE FORM

In the event that a medical emergency occurs, Friends' Neighborhood Nursery School will contact the child's parents and/or emergency contacts immediately. However, in our absence, I authorize Friends' Neighborhood Nursery School to seek emergency medical care for my child as deemed necessary by the director.

Signature _____ Date _____



Friends' Neighborhood Nursery School
224 Highwood Avenue, Ridgewood NJ - 201-445-0681

Photo Release Form

I hereby grant permission to use the images of my child, _____, as indicated below. I understand that no names will be used.

I attest that I am the parent or legal guardian of the child named above.

I give permission to Friends' Neighborhood Nursery School to use photographs of my child (please check one):

in email updates that are sent by the director to parents in the school, in the school's brochures, website and publications and also in externally produced publications in order to promote the school.

only in the email updates that are sent to parents in the school.

Effective immediately, on the _____ day of _____, 20_____

(Print full legal name of parent or guardian)

(Signature)

COVID-19 Release

The success of FNNS' mostly outdoor program during the Covid-19 pandemic and the safety of everyone involved requires a community effort. Every student, teacher, and their households are expected to adhere to all local and state guidelines with regards to the pandemic and to work collaboratively and communicate with each other and the school about exposures.

It is expected and courteous to the group that while participating in the program, students and their household members do not:

- **visit nursing homes**
- **attend large or crowded parties**
- **travel to places with high rates of Covid-19**
- **engage in any situation that increases the risk of exposure to Covid-19**
- **falsify answers to the daily screening questions; students must stay home if they or any of their household members was tested positive for Covid-19, are a close contact to someone who tested positive, or have any symptoms without an alternate diagnosis**

I have chosen a mostly outdoor program at Friends' Neighborhood Nursery School during the Covid-19 pandemic. The teachers and students wear masks indoors and outdoors. I understand that while these measures lower the risk of contracting Covid-19, it does not completely eliminate the possibility. I also understand that there are risks with playing outdoors that cannot be eliminated regardless of the care and steps that are taken to avoid injuries. With knowledge of these dangers, I consent that my child be permitted to participate in this outdoor nursery program and accept the risks and dangers. I agree to hold harmless Friends Neighborhood Nursery School from any claims or liabilities relating to my child's participation in this program. My child is expected to cooperate with and follow the directions of the teachers.

I have read this agreement, understand its content and agree to the waiver of liability and to hold Friends Neighborhood School harmless.

Signature 1:

Date:

Signature 2:

Date:

