



Record of Dental Treatment

The New York Education Department requires that all children three years of age and older have a yearly dental examination. Please visit a dentist with your child and return this form to the nursery school office. Thank you in advance.

Child's Name _____

Address _____

The above named child has been seen by me and the following applies:

_____ Treatment is completed _____ Treatment is under progress

Name of Dentist _____

Address _____

Telephone _____

Signature of Dentist _____

Date _____



Change of Clothes and/or Diapers
Permission Form

I hereby give my permission and authorization for a staff member of Gan Shalom Nursery School to change my child, _____'s, diaper, underwear, and/or clothes in the event that he/she has a bowel movement in his/her diaper, underwear, and/or clothes, or has wet or soiled his/her diaper, underwear, and/or clothes. I will hold the school harmless for any and all liability arising out of the changing of such diapers, underwear, and/or clothing.

I understand that the decision as to whether to change the diaper, underwear, and/or clothing will be made by my child's teacher, assistant teacher, or the nursery school director.

Parent/Guardian Name:

Parent/Guardian Signature:



PICK UP AND CARPOOL PERMISSION FORM

PICK UP ARRANGEMENTS

I give permission for my child, _____, to be picked up from Gan Shalom by the following people:

1. Name _____

Phone Number _____

Relationship _____

2. Name _____

Phone Number _____

Relationship _____

3. Name _____

Phone Number _____

Relationship _____

CARPOOL ARRANGEMENTS

Please fill in the names of parents with whom you will carpool. It is understood that your child can be released to those listed below for carpooling purposes. Leave blank if not carpooling.

If your child will be picked up by anyone other than those people listed above, please note that you must provide the school with a signed note for the date of that pick-up.

Parent/Guardian's Signature:

Date Completed:

PHOTO/VIDEO PERMISSION FORM

I hereby give my permission for photographs and/or videos to be taken of my child,
_____. I understand that the purpose of the
photographs and videos is to enhance the home/school connection experiences of my
child. I am aware that the photographs may also be used in advertising Gan Shalom
Nursery School in the future.

I understand that copies of the photographs and/or videos are available to me.

Signed: _____

Date: _____



GAN SHALOM DIRECTORY

Dear Families,

One of the elements we like to foster in our program are the friendships that develop throughout the year among both classmates and their families.

Please check what we are allowed to share with other families in Gan Shalom:

Child's Name: _____

- Home Address
- Home Phone
- Parent(s) Email
- Parent(s) Cell

Any of the above information that I have checked off can be shared for:

- Class List
- Internal directory for Gan Shalom