



Briarcliff Nursery School
40 Morningside Dr Ossining, NY 10562
PO Box 28 Briarcliff NY 10510 (mail only)
914-941-4373 Fax 914-941-4453

2017-2018

Child's Name: _____ Primary Phone: _____

Child's Birthday: _____ Primary Cell No: _____

Home Address: _____ Primary Email: _____

Parent's Name: _____ Parent's Name: _____

Occupation: _____ Occupation: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Nanny/Sitter Name: _____ Primary Phone Number: _____

The following have permission to pick up my child/children

Name: _____ Primary Phone: _____ Other: _____

Name: _____ Primary Phone: _____ Other: _____

Name: _____ Primary Phone: _____ Other: _____

School Policies

(please initial the following in which you give your consent)

_____ I agree to abide by the policies and procedures set forth in the BNS Parent Handbook.

_____ I give permission for photos of my child to be used for public relations purposes such as school brochures, newsletters, fliers, and website and media ads.

_____ In the event my child is stung by a bee I give permission to apply "sting kill" to my child.

_____ In the event of an Indian Point emergency I give permission to BNS to administer Potassium Iodide to my child _____ as directed NYS Emergency Management Office and the Westchester County Officials.

_____ I give permission for my child to participate on field trips off school property. (3s & 4s)

_____ I agree to have my email, home address and phone numbers included in the Class List that is distributed to all parents and staff.

Parent Signature: _____ Date: _____