

Harpswell Community Nursery School

Family Contact Information

Child's Name: _____ Date of Birth: _____

Street _____ Town _____ State _____ Zip _____

Parent/s or guardian legally responsible for child:

Name: _____ Name: _____

Street: _____ Street: _____

Town _____ State _____ Zip _____ Town _____ State _____ Zip _____

Email: _____ Email: _____

This email address will be used for school communication: scheduling changes, newsletters, reports, director updates.

When my child is at school, I can be reached at:

Location: _____ Location : _____

Phone: _____ please indicate: mobile or landline Phone: _____ please indicate: mobile or landline

Additional Individuals Approved for Pick-up:

Please let us know in advance if someone other than a parent/guardian will pick up your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please sign and date to verify this information:

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____