



Blawenburg Village School

PO Box 153, Blawenburg, NJ 08504

609-466-6600

blawenburgvillageschool@yahoo.com

Registration Form

Child's Full Name _____ Nickname _____

Address _____

Date of birth _____ Age _____ Religion _____

Year child enters kindergarten or current grade _____ School _____

Allergies _____

Toilet habits _____

Child's physician _____ Phone _____

Physician's address _____

Father's name _____ Home phone _____

Address _____

Father's Email _____

Place of Employment _____ Occupation _____

Business phone _____ Cell phone _____

Mother's name _____ Home phone _____

Address _____

Mother's Email _____

Place of Employment _____ Occupation _____

Business phone _____ Cell phone _____

Siblings names and ages _____

Name, address, and phone number of person to contact (to assume responsibility) in an emergency if parents cannot be reached (this must be someone other than a parent who can reach the school within 30 minutes):

Name _____ Phone _____

Address _____

Relationship _____

Alternate emergency contact:

Name _____ Phone _____

Address _____

Relationship _____

Please list name of any people that may pick up your child during the school year (e.g., grandparents, babysitters, etc.) Our staff will verify that the person coming to pick up your child is authorized, by you, to do so.

I have received and read the NJ Department of Human Services “Information to Parents” Statement.

My child may take part in nature walks around the Blawenburg Reformed Church Campus.

We would like to use photos taken at school and church events (no names or identifying information will be attached) on our website, in our brochure and in local newspapers.

I give permission for my child’s photo to be used on the school website, in brochures, or newspapers.

I DO NOT give permission for my child’s photo to be used on the school website, in brochures, or newspapers.

I give permission for the staff at BVS to exercise judgment in assisting my child in case of illness and arranging emergency treatment for my child, if necessary. I understand that every effort will be made to reach our family if an emergency occurs.

Parent Signature _____ Date _____

Print Parent Name _____