



Purchase Community, Inc. • 3095 Purchase Street • Purchase NY 10577 • T. 914.949.2636 • F. 914.949.0955 • www.purchasehouse.com

SUPPLEMENTAL STUDENT INFORMATION

The NYS Office of Child and Family Services requires us to gather supplemental information and permissions from parents of children enrolled at Purchase Children’s Center. Your help and cooperation in completing this form in a timely fashion is very much appreciated.

Student Name: _____

Parent’s Name(s): _____

Parent’s Cellphone: _____

Parent’s Email: _____

Name and Ages of Siblings (if any): _____

Doctor’s Name: _____

Doctor’s Phone Number: _____

Please list any special needs/services your child has including Early Intervention, Special Education, Occupational Therapy, Speech/Language, Physical Therapy, Allergies or any other needs: _____

Emergency Contact #1 Name: _____

Emergency Contact #1 Cell Phone Number: _____

Emergency Contact #2 Name: _____

Emergency Contact #2 Cell Phone Number: _____

EMERGENCY TREATMENT RELEASE

In the event I cannot be reached, in the case of an emergency at school, I give permission to my physician as listed on school records or if unavailable the physician selected by the school director to administer proper treatment to my child.

Parent Name (Print) Parent Signature Date

MANDATED REPORTERS

I am aware that the staff of the Purchase Children’s Center are Mandated Reporters of Suspected Child Abuse and/or Maltreatment.

Parent Name (Print) Parent Signature Date

PLEASE COMPLETE THIS SIDE AND REVERSE SIDE



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TRANSPORTATION RELEASE

In addition to the registered parents, I authorize the following people to pick up my child. I assume full responsibility of my child while traveling to and from the Purchase Children's Center.

Name & Cellphone Number

Name & Cellphone Number

Name & Cellphone Number

Name & Cellphone Number

If I cannot pick up my child, I will make every effort to arrange for transportation. If I am unreachable, I authorize the school to choose any one of the individuals listed on this form to pick up my child.

Parent Name (Print)

Parent Signature

Date

DISCLAIMER

Purchase Children's Center, Inc. assumes no responsibility for students who are driven before or after school by faculty members or whom faculty members baby-sit for, before or after school pursuant to private arrangements between parents and faculty members.

Parent Name (Print)

Parent Signature

Date

PARENT HANDBOOK

I have received and read my Purchase Children's Center Parent Handbook, and all other pertinent information regarding policies and procedures.

Parent Name (Print)

Parent Signature

Date

2022 – 2023 SCHOOL YEAR

PLEASE COMPLETE THIS SIDE AND REVERSE SIDE