

SMOKE RISE COOPERATIVE NURSERY SCHOOL

VERIFICATION FORM

Student Name: _____ Class: _____

By my signature, I attest to the following:

1. That all the information on the submitted Enrollment Application is correct;
2. That in the event of an emergency, I authorize Smoke Rise Nursery Cooperative Nursery School to seek medical care of my child, _____ as deemed necessary by the Director;
3. That I have reviewed the online Hand Book which contains the "Information to Parents Statement" and the By Laws;
4. That I agree to share in the responsibility of active participation in some aspect of the nursery school program.

Parent Signature: _____ Date: _____

Custodial Information

My child is under custodial care of: (check one)

Both Parents _____

Other * _____ *

Please explain _____

School Use Only:

Date of Enrollment: _____

Registration Fee paid: _____ Cash: _____ Check #: _____

Date of Withdrawal: _____