



Rye Country Day School
Parent Information and Release Forms



Child's Name: _____ Girl Boy

Parent's Name(s): _____

1. Is English your primary language? Yes NO (if no please specify your primary language)
2. What other language(s) are spoken in your home? _____
3. If another language other than English is spoken in the home will you need an interpreter to understand our handbook and notices and to communicate with our staff? Yes No
4. What are your child's special interests?
5. Does your child have any special needs? (please describe)
6. Does your child have any known **ALLERGIES**?
7. Does your child have a medical condition that requires medication, specific observation or a Doctor's protocol to follow?
8. Is there any information that we should be aware of that may cause childhood stress? (i.e. divorce, recent death, illness, etc.) Any information that you choose to share with us will always remain **CONFIDENTIAL**
9. Does your child experience anxiety when you leave him/her?
10. What are your goals for your child this year?

OVER→

***Please feel free to attach additional pages to this form!**

Directory Release Form

Each year parents request a class list for car pooling, birthdays, play dates, etc. In order to distribute a school directory, we need to have the following form signed and returned by all parents.

I, _____, give my permission for Rye Country Day
To distribute a Student Directory with my name, address and phone number to the families and teachers
in my child's school.

Date

Signature

I **DO NOT** wish to have my: _____ Name _____ Address _____ Phone Number (please check all that
apply) included in the Student Directory.

Date

Signature

Photo and Video Release Form

Occasionally we take photos, videos or slides of the children during school time. The purpose of the
filming and photographing is always for educational purposes. We use the films in staff development
workshops, parent programs, and to introduce new families to our program. It is important that we
receive your written permission.

I, _____, give my permission for Rye Country Day
To take photos, videos or slides of my child and to use them for the purposes stated above

Date

Signature

I **DO NOT** give my permission for Rye Country Day to take photos, videos or slides of my child for the
purposes stated above.

Date

Signature

E-mail Address Release Form

E-mail Address: _____

_____ I do not wish to share my E-mail address.

_____ My E-mail address may be used by Rye Country Day teachers and administrative staff only.

_____ My E-mail address may be distributed to the families in my child's class.

Date

Signature