

Nickname: \_\_\_\_\_



### FALL REGISTRATION FORM

CHILD: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ GENDER **M F**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

PRIMARY E-MAIL ADDRESS: \_\_\_\_\_

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**FATHER** **MOTHER**

Name: ( Mr. , Dr. ) \_\_\_\_\_

Name: ( Mrs. , Dr. , Ms. ) \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
(Other Than Parents)

PERSONS AUTHORIZED TO PICK UP CHILD: \_\_\_\_\_

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**CHILDREN WILL BE RELEASED ONLY TO INDIVIDUALS LISTED ABOVE. PLEASE NOTIFY THE OFFICE WITH EXCEPTIONS.**

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### SERVICES REQUESTED

#### 2 YEAR NURSERY CLASSES

(CHOICE OF 1 OR 2 MORNINGS)  
(3 MORNINGS AVAILABLE IF 2½ BY 9/1)

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY

#### 3 YEAR NURSERY CLASSES

- TUES/THURS (AM)
- MON/WED/FRI (AM)

#### 4/5 YEAR NURSERY CLASSES

- MON/WED/FRI (AM)
- MON ~ THURS (PM)
- MON ~ FRI (PM)

#### 3/4 MULTI-AGE NURSERY CLASS

- TUES/WED/THURS (PM)

#### LUNCH BUNCH (3-5 YEAR OLDS)

- |   |   |   |   |   |
|---|---|---|---|---|
| M | T | W | R | F |
|---|---|---|---|---|

AVAILABLE MONDAY ~ FRIDAY

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

