

APPLICATION for TODDLER REGISTRATION

Date of Application:	:						
Name of Applicant:							
Familiar First Name					Malo	or	Eemale
Date of Birth:		Date		Fresent Age			
Classes Offered (Pl	ease Check One	?):					
Morning:		Afternoon:					
2 Day	3 Day	51	Day				
Has your child beer	n immunized a	against childhoo	d diseases? Yes or	No			
Your Choice of Leng	gth of School `	Year: 9 months	or 10 months				
Names of Both Pare	ents:						
Are Both Parents Li	iving in the Ho	me of the Child	?				
Home Addresses of	f Parents:						
Home Phone Numb	oer(s):						
Work Phone Numb							
Occupation of Fath	er:		of Mother:				
Emergency Informa	ation (Name t	vo reachable Frie	nds or Relatives):				
Name of Friend or	Relative:			Phone:			
Name of Friend or		Phone:					
Parent's Email Add	ress:						

Names of Brothers and Sisters:

Name	Sex	Age	
Medical Information:			
Name of Child's Physician:		Phone:	
Does your Child Have Any Allergies	?		
medical attention, please indicate t Christian Nursery School to contact	your child's doctor and/or l		
Hospital Preference:			
Has your Child had Any Previous Sc	hool or Group Experiences?		
Where?			
Comments:			
Is There Anything You Would Like to	o Tell Us About Your Child? _		

All information must be completed and returned with a \$100.00 non-refundable Application Fee to the following address:

Narberth Presbyterian Christian Nursery School

Windsor & Grayling Avenues | P.O. Box 414, Narberth, PA 19072-0414 Phone: 610-664-8890

Attention: Nursery School, Director

Thank You!

Narberth Presbyterian Christian Nursery School admits students of any race, color and national or ethnic origin.