

FIRST CHURCH NURSERY SCHOOL

ENROLLMENT FORM 2021-2022

ENROLLMENT DATE _____ DATE OF BIRTH _____

CHILD'S NAME _____ NICK NAME _____

CHILD'S ADDRESS _____

MOTHER'S NAME _____ TEL.# _____

ADDRESS _____

ADDRESS OF EMPLOYER _____

PLACE OF EMPLOYMENT _____ TEL.# _____

FATHER'S NAME _____ TEL.# _____

ADDRESS _____

PLACE OF EMPLOYMENT _____ TEL.# _____

ADDRESS OF EMPLOYER _____

CELL PHONE NUMBERS (MOM) _____ (DAD) _____

EMAIL ADDRESS _____

ALLERGIES OR DIETARY RESTRICTIONS _____

DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL NEEDS? YES NO

PLEASE EXPLAIN HERE _____

PLEASE RETURN THIS FORM WITH A **NON-REFUNDABLE REGISTRATION FEE OF \$70** to assure your child a place in our school.
