## COMMUNITY NURSERY SCHOOL REGISTRATION FORM

	# Days	(5.2.2)	Session(AM, PM)
,			, ,
	Birth Date:	h Date: M or F	
<u>FATHER</u>		<u>MOTHER</u>	
ne? YES or NO If no please expla	in		
	Sex		Age
	Sex		Age
	Sex		Age
		Re	elation
Phon	e#	R	elation
Phon	e#	R	elation
	Phone		
children his age, etc.)	e?		
or right or left hand?  al concerns which will help us to bette  t.	ter understand yo	our child and his/h	ner needs, please explain in
nust accompany uns form. Tims fee	is 1401 Terunual	ne and camilly De	applied to any other ree.
	react when left by the parents?	(MonthYear)  Birth Date:	Birth Date:  FATHER MO  Sex  Sex  Sex  Sex  Phone #  Phone #  Phone #  Phone #  Phone #  Phone #  Re  Phone #  Phone #  Re  Phone #  Names  Phone #  Phone #  A  Phone #  Phon

I Give My Permission for My Child	
To Use all play equipment & participate in all school activities.	
I Also Give My Permission for the Director or Acting Director	
1. To take whatever steps may be necessary to obtain emergency medical care for my child.	
<ol><li>To distribute my name, phone number and address on a Master List to other parents with children in the school. T purpose of this list is to aid parents in car pools, play groups, and party invitations.</li></ol>	ne
3. To photograph or video my child for in school display, projects, bulletin boards, etc.	
Parent or Guardian Signature Date	-