Preschool:
- ❑ T-TH AM

Pre-Kindergarten:
- ❑ M-W-F AM
- ❑ M-W-F PM

NEW FRIENDS NURSERY SCHOOL

Registration Form

2011-2012 School Year

Date Received: _____

Registration Fee Paid: _____

* Referred By: _____

Name of Child _____ M _____ F_____ _____
Last First Middle Birth date

Name you wish your child to be called _____

Address_____ Phone _____
Street City Zip

E-mail address _____ Cell Phone _____

Names of persons living in above residence Relationship to child (PLEASE - include sibling ages)

1 _____ _____
2 _____ _____
3 _____ _____
4 _____ _____
5 _____ _____
6 _____ _____

Mother's Occupation _____ Employer _____ Phone _____

Father's Occupation _____ Employer _____ Phone _____

What previous group experience has your child had? _____
(Examples: Sunday school, daycare, gymnastics, play group, etc.)

Child's Special Interests _____ Fears_____

Kindergarten child will attend _____ Church your family attends (if applicable) _____

Child's Doctor _____Phone _____
Date of last physical exam _____ Are immunizations up to date? _____
Allergies? Y N Explain _____
Dietary Restrictions? Y N Explain _____

Are there any medical or other concerns of which we should be informed? Y N Explain on back of form.

If your child becomes ill at school who should be the person we call first?
Name _____ Phone _____ Relationship _____

If this person cannot be reached whom else can we contact?
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

A non-refundable $35.00 registration fee is required for enrollment.
Send to: New Friends Nursery School, 190 Maple Avenue, Harleysville PA 19438

* If you refer a family to New Friends Nursery School, and their child is enrolled, upon receipt of that paid registration you will receive a $25.00 credit toward your first month's tuition (one credit per family).