

NEW FRIENDS NURSERY SCHOOL
Registration Form - 2018 / 2019 School Year

For Office use only:
Date Received: _____
Registration Fee Paid: _____

Mail to: New Friends Nursery School, 190 Maple Avenue, Harleysville, PA 19438

Name of Child _____ M _____ F _____
Last First Middle

Name you wish your child to be called _____ Birth date _____

Address _____ Phone _____
Street City Zip

E-mail address _____ Cell Phone _____

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

How did you hear about New Friends Nursery School?

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 _____

