## Presbyterian Community Nursery School

## REGISTRATION FORM Pre-Kindergarten Summer Program 2018

Name of Child:			Date of Birt	h:
Name of Parent(s): _			Phone #	:
Address:				
Mother's Cell Phone	:	Father's C	ell Phone:	
Email Address:				
	Monday-Th	SE CHECK SESSION nursday 9:00AM-11 ering Pre-K in Septe	:30AM	
	Session 2	June 18 -July 5 July 9- July 26 June 18 -July 26	\$265.00	
Summer program t later than June 1 OFFICE USE ONLY:	uition and an imr	ormed based on er munization record oclude one self-ado	(new students only	
Session 1: Classroom:	Teachers:			
Session 2: Classroom:	Teachers:			
Payment Date:	Amoun	t:	Check #:	
Both Sessions: Classroom:	Teachers:			
Pavment Date:	Amoun	t:	Check #:	

OVER FOR EMERGENCY CONTACT INFORMATION > >

## Presbyterian Community Nursery School

## STUDENT INFORMATION FORM Summer Program Pre-Kindergarten 2018

Name of Child:	Date of Birth:
Name of Parent(s):	Phone #:
Address:	
Mother's Cell Phone:	Father's Cell Phone:
Emergency Contacts:	
Name:	
Relationship:	Telephone:
Name:	
Relationship:	Telephone:
Pediatrician Information:	
Name:	Telephone:
Address:	
Allergies:YN (	if yes, please explain)
Does your child require an E	pi-Pen? Yes No

New students only: Please attach a copy of your child's immunization record.