Presbyterian Community Nursery School

REGISTRATION FORM Kindergarten Readiness Summer Program 2018

| Name of Child: | | Date of Birth: | |
|------------------------------|--|----------------------|------------|
| Name of Parent(s): | | Pho | one #: |
| Address: | | | |
| Mother's Cell Phone: _ | Father's Cell Phone: | | |
| Email Address: | | | |
| | PLEASE CH Monday-Thursday 9 (Starting Kindergarte | :00AM-11:30AM | |
| | June 18 – July 26 | \$550.00 | |
| . • | Classes are formed bastion and an immunization 2018. Please include on | n record (new studen | 9 · |
| OFFICE USE ONLY: | | | |
| Session 1: Classroom: | Teachers: | | |
| Payment Date: | Amount: | Check #: | |
| Both Sessions: Classroom: | Teachers: | | |
| Payment Nate: | ∆mount: | Check #: | |

OVER FOR EMERGENCY CONTACT INFORMATION > >

Presbyterian Community Nursery School

STUDENT INFORMATION FORM Summer Program Kindergarten Readiness 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:Y | N (if yes, please explain) | |
| Does your child require a | n Epi-Pen? Yes No | |

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