



		ommunity Nursery School
		ON FORM KINDERGARTEN READINESS mmer Program 2014
		Date of Birth:
Name of Parent(s):		Phone #:
Addre	ess:	
Mother's Cell Phone:		Father's Cell Phone:
Emerg	gency Contacts:	
	Name:	
	Relationship:	Telephone:
	Name:	
	Relationship:	Telephone:
Pediat	trician Information:	
	Name:	Telephone:
	Allergies: Y	N. (if yes, plagse explain)
	-	_ N (if yes, please explain)
	Does your crilic require	
N	New students only: Please atto	ach a copy of your child's immunization record.
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