

**APPLICATION For REGISTRATION
NARBERTH PRESBYTERIAN CHRISTIAN NURSERY
SCHOOL**

Windsor and Grayling Aves. P.O. Box 414 Narberth, Pa. 19072-0414
Telephone 610-664-8890
Attention: Jennifer Addy, Director

Date of Application _____

Name of Applicant _____
Familiar First Name _____ Male or Female _____
Date of Birth _____ Present Age _____
 Month Date Year

Classes Offered (Please Check One):

Morning _____ Afternoon _____
Four year Olds 3 Day _____ 5 Day _____
Three Year Olds 2 Day _____ 3 Day _____ 5 Day _____
Is your child toilet trained? _____ For how long? _____
Has your child been immunized against childhood diseases? _____

Name of Both Parents _____
Are Both Parents Living in the Home of the Child? _____
Home Address(es) of Parents _____
Home Phone Number(s) _____
Work Phone Number(s) _____
Occupation of Father _____ of Mother _____

Emergency Information (Name 2 reachable Friends or Relatives)
Name of Friend or Relative _____ Phone _____
Name of Friend or Relative _____ Phone _____
Parent's E-mail address _____
Your choice of Length of School Year _____ 9 months or _____ 10 months

Names of Brothers and Sisters:

Name	Sex	Age
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Child's Physician _____ Phone _____

Does Your Child Have Any Allergies _____

If any reason you or your emergency person(s) cannot be reached and you child is in need of professional medical attention, please indicate by your signature below that you give permission to Narberth Presbyterian Christian Nursery School to contact your child's doctor and/or hospital if needed. _____

Hospital Preference: _____

Has your Child had Any Previous School or Group Experiences? _____

Where?

Comments: _____

Is There Anything That You Would Like to Tell Us About Your Child?

All Information Must be Completed and Returned With
A \$100.00 Non-refundable Application Fee To the Above Address

Thank You!

Narberth Presbyterian Christian Nursery School admits students of any race, color,
and national or ethnic origin.