

**APPLICATION for REGISTRATION  
KINDERGARTEN ENRICHMENT**

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

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 \_\_\_\_\_

Name of Attending Kindergarten \_\_\_\_\_

Phone Number of the School \_\_\_\_\_

Your Personal E-mail Address \_\_\_\_\_

Names of Brothers and Sisters:

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

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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All Information Must be Completed and Returned With  
A \$125.00 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.