

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 _____

E-mail Address _____

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: _____

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.