



NARBERTH PRESBYTERIAN CHURCH
CHRISTIAN NURSERY SCHOOL



APPLICATION for KINDERGARTEN ENRICHMENT REGISTRATION

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?_ Yes or No

Names of Both Parents: _____

Are Both Parents Living in the Home of the Child? _____

Home Addresses of Parents: _____

Home Phone Number(s): _____

Work Phone Number(s): _____

Occupation of Father: _____ of Mother: _____

Emergency Information (Name two reachable Friends or Relatives):

Name of Friend or Relative: _____ Phone: _____

Name of Friend or Relative: _____ Phone: _____

Parent's Email Address: _____

Names of Brothers and Sisters:

Name	Sex	Age

Medical Information:

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 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 following address:***

Narberth Presbyterian Christian Nursery School
Windsor & Grayling Avenues | P.O. Box 414, Narberth, PA 19072-0414
Phone: 610-664-8890
Attention: Nursery School, Director

Thank You!

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