APPLICATION FOR REGISTRATION

4 Year Old _____ Date: _____
3 Year Old _____

CHILD'S NAME_____ Nickname _____ Sex: M F Date of Birth ___/___/___

Address: _____ _____ _____ _____
Street City State Zip

FATHER'S NAME _____Home Phone: _____ Business Phone: _____
Address: _____ _____ _____ _____
Street City State Zip

MOTHER'S NAME _____ Home Phone: _____ Business Phone: _____
Address: _____ _____ _____ _____
Street City State Zip

Names of Brothers and Sisters	Sex M F	Age	Names of Brothers and Sisters	Sex M F	Age

IN CASE OF EMERGENCY, PARENTS ARE CONTACTED FIRST. In the event that neither parent can be reached, please contact:

_____
Name Relationship Phone

_____
Name Relationship Phone

Does your child have any special behavior or learning problems, which would affect his/her success in the classroom?

Yes ____ No ____

If yes, please explain: _____

_____

Does your child have any health problems or special needs? Yes _____ No ____

If yes, please explain: _____

_____

Which session do you prefer? (check one) ____ Morning ____ Afternoon ____ No Preference

Which kind of payment do you prefer? (check one) ___ Monthly (due first of each month*)

___ Semi-Annual (due Sept. 1 & Jan 15*)

Please send this form and $40 registration to:
Leola Nursery School, 141 E. Main St., Leola, PA 17540
* Make checks payable to Conestoga Church of the Brethren