

APPLICATION FOR REGISTRATION

4 Year Old _____
 3 Year Old _____

Date: _____

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

Address: _____
Street City State Zip

FATHER'S NAME _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Address: _____
Street City State Zip

MOTHER'S NAME _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

Email: _____

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: _____

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