

Class Requested: 2 ½yr/2day/MW _____, 3yr/3day/TThF _____, PreK/5day/M-F _____

Faith Nursery School
Registration 20____-20____

Child's Name _____ Nickname _____

Home Address _____

Child's Date of Birth _____ Home Phone _____

Name of Father _____ Occupation _____

Cell Phone _____ Business Phone _____

Name of Mother _____ Occupation _____

Cell Phone _____ Business Phone _____

Other Children in the Family _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Family Physician _____ Phone _____

Known Allergies _____

In the case of an emergency or the need to contact you, we will: 1) call the home & cell phone number, 2) call the emergency phone number and 3) call the business phone of the parents. This sequence will be followed unless you instruct us otherwise.

Emergency Contact (other than parents) _____

Emergency Phone _____ Relationship to Child _____

Has your child had any other previous Nursery School experience? _____

If yes, where? _____

If there is any special information you can provide the Staff at Faith Nursery School about your child (i.e. grandparents in the home, recent death, divorce, new sibling, pets, special interests, areas of strengths and weaknesses), please indicate below.

What is your Church affiliation? _____

Do you currently attend? _____

Parent's Signature _____ Date _____

Email Address _____

Please return completed form to: Faith Nursery School
524 South Street
New Providence, NJ 07974