

REGISTRATION FORM
2017-2018

General

Name _____ Nickname _____

Birthdate _____ Sex: _____ Male _____ Female
(month) (date) (year)

Children must be 33 months of age by September 1.

Child's Home Address _____
(Street) _____ (Zip Code) _____

Phone _____ Email _____

Parent Name _____ Parent Name _____

Parent's Address: _____

Parent _____ Telephone _____ Cell Phone _____

Parent _____ Telephone _____ Cell Phone _____

Parent/guardian Occupation _____

Place of Employment _____ Telephone _____

Parent/guardian Occupation _____

Place Employment _____ Telephone _____

Names and ages of brothers and sisters

<u>Name</u>	<u>Age</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information which will help the teacher work effectively with your child: _____

Would Parent or Guardian like to serve on the Nursery School Board? _____ Yes _____ No

Return this form with a \$50 non-refundable registration fee to:

Lakeside Presbyterian Nursery School
4430 McCulloch Street Duluth, MN 55804

Tuition: \$180.00 - 3 days/week (A.M.) \$120.00 - 2 days/week (P.M.) every 4 week period
\$300.00 – Both Programs*

***Children attending the AM & PM program must be at least 4 on or by 9/1 or attended the previous year**

CUSTODY OF CHILD List adults who ARE NOT AUTHORIZED TO PICK UP YOUR CHILD AT SCHOOL (if any):

Name Address Phone

LIST THOSE WHO ARE AUTHORIZED:

Name Address Phone

Name Address Phone

TO BE COMPLETED BY NURSERY SCHOOL

Pre-enrollment conference _____

CONFERENCES

1. Home Visit Date _____

_____ Parents given General Information Sheet, Child Care Plan, and Behavior Guidance Policy.

_____ Emergency Release Form filled out.

_____ Health and Immunization Form picked up.

2. Conference Dates _____
