



The Little Angel's Nursery School Registration Form

Date: _____

Application for enrollment in: ___ 2 day/week (T/TH) _____ 3 day/week (M/W/F)
All classes will meet from 9:15 – 11:45 am

Name of Child: _____ Nickname: _____

Date of Birth: _____ Telephone: _____

Mailing Address: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Occupation: _____ Occupation: _____

Work Phone: _____ Work Phone: _____

Will parent(s) be at the workplace while the child is at Nursery School?

Father: ___yes ___no Mother: ___yes ___no

Does the child reside with both parents? ___yes ___no

If not, with whom does the child reside? _____

Please list other children in the family:

Name:	Date of Birth:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list other people authorized to transport your child ONLY when you provide written notification to the teacher or Director:

Name & Relation: _____ Phone: _____

Name & Relation: _____ Phone: _____

Name & Relation: _____ Phone: _____

EMERGENCY NOTIFICATION (if neither parent can be reached)

Name & Relation: _____ Phone: _____

Name & Relation: _____ Phone: _____

Please answer the following questions:

What do you hope your child will gain from participation in our program?

Can your child be relied upon to indicate his/ her bathroom needs? ___yes ___no

Please list or explain any favorite activities that your child participates in at home:

What are some of your child's favorite toys?

Please explain any fears your child may have (i.e. loud noises):

Does your child have any allergies or illnesses we need to be aware of?

How did you hear about The Little Angel's Nursery School? Why did you choose us?

Has your child had any prior nursery school experience? If so, please explain.

Please complete the following and sign at the bottom.

I/ We agree to pay tuition of \$_____, payable no later than the fifth day of each month. The first tuition payment will be due by July 1st. This amount will be put towards the May tuition fee. The next tuition payment would be due in September.

- I/ We understand that proof of our child's immunizations must be provided.
- I/ We understand that written notification is necessary if our child is to be picked up by another person.
- I/ We will notify the Nursery School of any changes in emergency numbers.
- I/ We hereby give my/ our child permission to attend field trips with The Little Angel's Nursery School when proper supervision is provided. (There will be advanced notice of field trips.)

Parent's Signature

PLEASE RETURN THIS FORM AND \$50.00 REGISTRATION FEE (non-refundable)

TO:

Little Angel's Nursery School
22 West High Street
Ballston Spa, NY 12020