

Cheverly United Methodist Church  
Weekday Nursery



Registration Form

Date of Registration: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Called by what name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Last Birthday: \_\_\_\_\_

MM/DD/YYYY

Address: \_\_\_\_\_

Street City Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Circle Session Desired:  AM 8:45 - 11:15  PM 12:30 - 3pm  
  $\frac{3}{4}$  DAY 11am - 3pm  All Day 8:45 - 3pm

Who will transport child to and from school: \_\_\_\_\_

Phone: \_\_\_\_\_

Does child have any signs of fear? \_\_\_\_\_

Describe: \_\_\_\_\_

Does child have any brothers or sisters? Please list below

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

What do you enjoy most about this child? \_\_\_\_\_

\_\_\_\_\_

Where did you hear about our Nursery program? \_\_Friends \_\_Relatives

\_\_Town Newsletter \_\_Church Bulletins \_\_Other \_\_\_\_\_

Has this child ever participated in any organized activity on a regular basis?

Please indicate: \_\_\_\_\_

\_\_\_\_\_

We are dedicated to providing the best possible environment to meet the needs of your child's development and well-being. Are there any needs you believe your child has that would require special knowledge on our part?

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies your child has to food or other substances: \_\_\_\_\_

\_\_\_\_\_

If you find, at some point, that you are unable to carry out this registration commitment, please call the Nursery at 301.773.2297, and/or contact the teachers. Your early confirmation of cancellation may enable a child on the waiting list to attend.

Comments: \_\_\_\_\_

Registration form submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_