



Cheverly Weekday Nursery

Registration Form

Date of Registration: _____

Child's Full Name: _____

Called by what name: _____

Date of Birth: _____ Age at Last Birthday: _____

MM / DD / YYYY

Address: _____

Street

City

Zip

Home Phone: _____

Father's Name: _____ Phone: _____

Place of Business: _____

Occupation: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Mother's Name: _____ Phone: _____

Place of Business: _____

Occupation: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Check Session Desired:

___ 5 Days: 8:15—12:15

___ 5 Days AFTERCARE: 2:45—6:00

___ 5 Days: 8:15—2:45

___ Drop-in lunch bunch and rest: 12:15—2:45

___ 3 Days: (M,T,W): 8:15—12:15

___ Drop-in Aftercare: 2:45—6:00

___ 2 Days: (Th, F): 8:15—12:15

Please return completed form with \$100 registration fee.

Who will transport child to and from school: _____

Phone: _____

Does child have any signs of fear? _____

If so, please describe them: _____

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: _____

Additional comments: _____

Registration form submitted by: _____

Relationship to child: _____ Phone: _____

Registration fee (\$100) check number: _____

Please return completed form with \$100 registration fee.