



# 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: 8:15—2:45

\_\_\_ 3 Days: (M,T,W): 8:15—12:15

\_\_\_ 2 Days: (Th, F): 8:15—12:15

**Please return completed form with \$100 registration fee  
to WDN 2801 Cheverly Avenue, Cheverly, MD20785**

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: \_\_\_\_\_

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