

UCC GREENAWALDS NURSERY SCHOOL 2020/2021 REGISTRATION FORM

2325 Albright Avenue, Allentown, PA 18104

Name of Child _____ Age as of September 1st years _____ mos. _____

Nickname for Child _____ Date of Birth _____ Sex _____

Home Address _____ Home Telephone # _____

_____ Home Email _____

Father's Name _____ Business/Profession _____

Address at Work _____ Work Telephone # _____

_____ Cell Phone # _____

Work Email _____

Mother's Name _____ Business/Profession _____

Address at Work _____ Work Telephone # _____

_____ Cell Phone # _____

Work Email _____

Primary language spoken at home _____

List any conditions we should know about your child (allergies, seizures, convulsions, operations, diabetes, heart disease, asthma, etc.).

Names and ages of brothers and sisters:

PLEASE ENROLL MY CHILD IN THE FOLLOWING CLASS:

_____ 3 Year Olds - Monday through Thursday 9:00-12:00

_____ 4 Year Olds - Monday through Thursday 9:00-12:00

_____ Pre-K - Monday through Thursday 9:00-12:00

• Registration Fee is \$50.00,

Make checks payable to **U.C.C. Greenawalds Nursery School**. The check must accompany this form. The non-refundable registration fee assures your child a space in class.

How did you hear about us? Family/Friends ___ (Referred by _____), Website ___, Facebook ___, Event ___

• **The Medical Examination Form, Emergency Card, and 1st tuition payment along with the supplies fee are due August 1, 2020.**

• **I UNDERSTAND THAT NO MEDICATION WILL BE ADMINISTERED TO MY CHILD DURING NURSERY SCHOOL.**

SIGNATURE OF PARENT OR GUARDIAN DATE

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