

UCC GREENAWALDS NURSERY SCHOOL 2021/2022 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, 2021.**

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

SIGNATURE OF PARENT OR GUARDIAN DATE

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