

ST. JOHN'S LUTHERAN NURSERY SCHOOL

1675 Coates Ave., Holbrook, NY

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SUMMER PROGRAM REGISTRATION FORM - 2018

CHILD'S FULL NAME: _____ REGISTRATION DATE: _____

ADDRESS: _____

TELEPHONE #: _____ AGE: _____ BIRTHDATE: _____

MOTHER: _____ FATHER: _____

ADDRESS/PHONE (if different from above) _____

FAMILY PHYSICIAN: _____ PHONE: _____

PERSON RESPONSIBLE FOR CHILD IF PARENTS WORK OUTSIDE OF HOME:

NAME _____ TELEPHONE: _____

ADDRESS: _____

NAMES AND BIRTHDATES OF BROTHERS/SISTERS:

IS YOUR CHILD TOILET TRAINED? YES _____ NO _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

HAS YOUR CHILD HAD ANY PRESCHOOL EXPERIENCE? YES _____ NO _____

IF YOUR CHILD PREVIOUSLY ATTENDED ST. JOHN'S, WHO WAS HIS/HER TEACHER?

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CHILD: _____