

ST. PAUL'S WEEKDAY NURSERY SCHOOL, INC.

P.O. Box 6

Located at 100 Pine Hill Road

Bedford, MA 01730

781-275-1383

www.stpaulsweekdayns.org

APPLICATION/REGISTRATION FORM

Please fill out all information and enclose a **\$50 non-refundable application fee**, returned to the above mailing address. Use reverse side if you need to include additional information.

Child's Name: _____ Nickname (if any) _____
Age: _____ Date of Birth: _____ Place of Birth: _____

Home address: (street) _____ Telephone: _____
(town) _____ (zip) _____

Child's Identifying Information (required by Office for Child Care Services):

Eye color: _____ Hair color: _____ Sex: _____

Height: _____ Weight: _____ Skin color: _____

Identifying marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Tel. #: _____ Home Tel. #: _____

Occupation: _____ Occupation: _____

Bus. Tel # _____ Bus. Tel. #: _____

Other Tel #: _____ Other Tel. #: _____

Email _____ Email _____

If parents cannot be contacted, Notify: (include names on emergency release form to follow)

Name _____ Name _____

Address _____

Daytime telephone #: _____

Relationship to Child: _____

Child's Physician/Clinic: _____ Tel. #: _____

Others in Family: _____

Previous school experience _____

Who recommended our school? _____

What would you like your child to gain from his/her nursery school experience?

Program desired: (Please check)

2 Day _____ 3 Day _____ 5 Day _____

Date: _____ Parent/Guardian Signature _____