

Grace Lutheran Nursery School

2191 West Chester Pike | Broomall, PA 19008 | 610.356.5423

REGISTRATION APPLICATION

NAME of PUPIL: _____
(last) (first) (mid initial)

NAME child is to be called: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

FATHER's NAME: _____ OCCUPATION: _____

WORK ADDRESS: _____

FATHER's WORK PHONE: _____ FATHER's EMAIL: _____

MOTHER's NAME: _____ OCCUPATION: _____

WORK ADDRESS: _____

MOTHER's WORK PHONE: _____ MOTHER's EMAIL: _____

NAME & PHONE # of PERSON (other than parents) TO NOTIFY IN CASE OF EMERGENCY:

(name) (phone) (relation/neighbor)

BROTHER(s) & AGES: _____

SISTER(s) & AGES: _____

CHILD's PHYSICIAN: _____ PHONE: _____

SPECIAL PROBLEMS: Hearing _____ Speech _____ Fears _____

Allergies _____ Medications _____ Other (attach) _____

ATTENTION: Grace Lutheran Nursery School **REQUIRES** all children to be vaccinated in order to be accepted to our Nursery School. **Please provide proof of vaccination from your doctor** and attach to this application.

NUMBER OF DAYS CHILD WILL ATTEND: 5 days _____ 4 days _____ 3 days _____ 2 days _____

Previous school experience? YES _____ NO _____ RELIGIOUS AFFILIATION: _____ BAPTIZED? YES _____ NO _____

On occasion we take pictures during Nursery School activities. Please let us know if we can include your child/children in these pictures which will be posted on our website. YES _____ NO _____

Signature of Parent/Guardian: _____ Application Date: _____

Registration Fee: \$60 (nonrefundable)

Mail registration application and \$60 registration fee to the school. Make checks payable to "Grace Lutheran Nursery School."