



# Portland Nursery School

## 2009/2010 Registration Form

Full Name of child \_\_\_\_\_  
Nickname (if any) \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Full Name of Mother \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Name of Father \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide two additional contacts (relative, family friend, neighbor) who we can contact in case of emergency, if both parents cannot be reached.**

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Home or Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission to release the student from Portland Nursery School to this person? (please circle one)      YES      NO

Name \_\_\_\_\_ Relation to student \_\_\_\_\_  
Home or Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission to release the student from Portland Nursery School to this person? (please circle one)      YES      NO

X \_\_\_\_\_  
(please sign here)

**In case of emergency, if we are unable to contact any of the above, please sign for permission to provide other medical help.**

**X** \_\_\_\_\_  
(please sign here)

Please identify the hospital of your choice for emergency treatment, if necessary.

\_\_\_\_\_

**Please attach an up-to-date immunization record and a list of any known allergies.**

We plan several field trips for the children each year. Please sign for your permission for your child to participate.

**X** \_\_\_\_\_  
(please sign here)

Date of classroom visit \_\_\_\_\_

An \$85 registration fee must accompany this registration form to reserve a space for your child. \$50.00 of this registration fee is non-refundable. By signing this form, I agree to the monthly tuition payments of \_\_\_\_\_, which are due at the monthly parent meetings.

I am committed to being involved in the education of my preschooler. I understand that I will work in the classroom approximately once every two weeks and that I will chaperone and drive for some of the fieldtrips. As the parent of an enrolled child, I agree to participate in the operation of the school through the elected Executive Board and Committees.

**X** \_\_\_\_\_  
(please sign here)

Date rec'd. \_\_\_\_\_

Amount rec'd. \_\_\_\_\_

Enroll date \_\_\_\_\_