

NEW FRIENDS NURSERY SCHOOL  
**Registration Form - 2017 / 2018 School Year**

*For Office use only:*  
Date Received: \_\_\_\_\_  
Registration Fee Paid: \_\_\_\_\_

Mail to: New Friends Nursery School, 190 Maple Avenue, Harleysville, PA 19438

Name of Child \_\_\_\_\_ M \_\_\_ F \_\_\_  
Last First Middle

Name you wish your child to be called \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Names of persons living in above residence Relationship to child (PLEASE include sibling ages)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about New Friends Nursery School?  
\_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

What previous group experience has your child had? \_\_\_\_\_  
(Examples: Sunday school, daycare, gymnastics, play group, etc.)

Child's Special Interests \_\_\_\_\_ Fears \_\_\_\_\_

Kindergarten child will attend \_\_\_\_\_ Church your family attends (if applicable) \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Are immunizations up to date? \_\_\_\_\_

Allergies? Y N Explain \_\_\_\_\_

Dietary Restrictions? Y N Explain \_\_\_\_\_

Are there any medical or other concerns of which we should be informed? Y N Explain on back of form.

If your child becomes ill at school who should be the person we call first?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

If this person cannot be reached whom else can we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please indicate preference ...**

We will do our best to accommodate your needs based on availability but can not guarantee that all requests will be met.

**Preschool:**

Tuesday/Thursday Class  8:45-11:15 am OR  9:00-11:30 am **\$150** a month

**Pre-Kindergarten:**

Monday/Wednesday/Friday Class  8:45-11:15am OR  9:00-11:30am **\$180** a month

Wednesday Enrichment Class  11:15/11:30am-2:15pm **\$70** a month

**A non-refundable \$50.00 registration fee is required for enrollment.**

Fee waived for returning students if registered by April 1, 2017.

**Referred By:**

\_\_\_\_\_  
If you refer a family to NFNS, and their child is enrolled, upon receipt of that paid registration you will receive a \$25.00 credit toward your first month's tuition (one credit per family).