

NEW FRIENDS NURSERY SCHOOL

Registration Form - 2018 / 2019 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

\$160 a month

Pre-Kindergarten:

Monday/Wednesday/Friday Class 8:45-11:15am OR 9:00-11:30am \$190 a

month

Wednesday Enrichment Class 11:15/11:30am-2:15pm \$75 a month

