

Cheverly United Methodist Church
Weekday Nursery



Registration Form

Date of Registration: _____

Child's Full Name: _____

Called by what name: _____

Date of Birth: _____ Age Last Birthday: _____

MM/DD/YYYY

Address: _____

Street City Zip

Home Phone: _____ Cell Phone: _____

Father's Name: _____ Phone: _____

Place of Business: _____

Occupation: _____ Work Phone: _____

Mother's Name: _____

Place of Business: _____

Occupation: _____ Work Phone: _____

Circle Session Desired: AM 8:45 - 11:15 PM 12:30 - 3pm
 $\frac{3}{4}$ DAY 11am - 3pm All Day 8:45 - 3pm

Who will transport child to and from school: _____

Phone: _____

Does child have any signs of fear? _____

Describe: _____

Does child have any brothers or sisters? Please list below

_____ Age: _____

_____ Age: _____

_____ Age: _____

What do you enjoy most about this child? _____

Where did you hear about our Nursery program? __Friends __Relatives

__Town Newsletter __Church Bulletins __Other _____

Has this child ever participated in any organized activity on a regular basis?

Please indicate: _____

We are dedicated to providing the best possible environment to meet the needs of your child's development and well-being. Are there any needs you believe your child has that would require special knowledge on our part?

Please list any allergies your child has to food or other substances: _____

If you find, at some point, that you are unable to carry out this registration commitment, please call the Nursery at 301.773.2297, and/or contact the teachers. Your early confirmation of cancellation may enable a child on the waiting list to attend.

Comments: _____

Registration form submitted by: _____

Phone: _____

Relationship to child: _____