

**REAL LIFE NURSERY SCHOOL ENROLLMENT APPLICATION**

Date of Application: \_\_\_\_\_ Date you wish your child to begin: \_\_\_\_\_  
I will drop my child off at: \_\_\_\_\_ I will pick my child up at: \_\_\_\_\_  
(time) (time)

**PROGRAM**

Please check the program you desire for your child along with the days your child will attend.

Little Lambs (2 1/2 - 3 yrs.)  Preschool Pals (3 -4 yrs.)  Kindergarten Readiness (4 -5 yrs.)

Kindergarten (5 -6 yrs.)  Junior Day Camp (summer program) (2 1/2 - 6 yrs.)

Monday  Tuesday  Wednesday  Thursday  Friday

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ S.S # \_\_\_\_\_

Home Phone: \_\_\_\_\_ D.L.# \_\_\_\_\_

Home Address: (if different than child's) \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City Zip

Father's Name: \_\_\_\_\_ S.S # \_\_\_\_\_

Home Phone: \_\_\_\_\_ D.L.# \_\_\_\_\_

Home Address: (if different than child's) \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work # \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City Zip

Child lives with: mother and father mother father other

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Names of person other than parent or legal guardian to whom child may be released

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

