



**2017-18 Zwingli Nursery School Registration**

**Please complete this registration form and return it with the \$30.00 non-refundable registration fee to:**

**Zwingli Nursery School  
350 Wile Avenue  
Souderton, PA 18964  
215-723-1186**

Child's Name \_\_\_\_\_ Sex: M F Nickname \_\_\_\_\_  
Address \_\_\_\_\_  
Birthdate \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Child's T-Shirt Size \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Name and Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Name and Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Brothers and Sisters: \_\_\_\_\_ Birthdates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of child's doctor \_\_\_\_\_  
Address & Phone \_\_\_\_\_

In case of emergency, who can we contact if the parent is not available?

Neighbor \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Has child had any previous group experiences such as Sunday School or Nursery School?  
\_\_\_\_\_

Are there any chronic ailments, allergies, emotional problems, or past medical problems of which the teacher should be aware? yes no (circle one)

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your child completely toilet trained? yes no (circle one) *This is a requirement for school entry.*

How did you learn of Zwingli Nursery School? \_\_\_\_\_

*This is a confidential form and will only be used by the staff of Zwingli Nursery School.*

Birth Certificate File # \_\_\_\_\_ (required)

*Proof of Immunizations Is Required for School Admission*