



## 2025-26 Zwingli Nursery School Registration

**Please complete this registration form and return it with a \$40.00 non-refundable registration fee to Zwingli Nursery School, 350 Wile Avenue, Souderton, PA 18964. Call 215-723-1186 with any questions.**

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

Parent Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Name and Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Parent Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Name and Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

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

Siblings: \_\_\_\_\_ 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.*

*Zwingli Nursery School is an Equal Opportunity Employer and Care Provider.*

***Proof of Immunizations Is Required for School Admission.***

*Three weeks written notice is required if leaving the program before the end of the school year. If this notice is not provided, the family is required to pay for three weeks tuition even though the child is not in attendance.*