

CLINTON UNITED METHODIST NURSERY SCHOOL REGISTRATION APPLICATION

M,T,W Mornings (4s) _____

Th&F Mornings (3s) _____

Child's given name: _____

Mailing address: _____

Street address (if different): _____

Child's date of birth: _____ Home #: _____ E-mail: _____

Father's cell #: _____ Mother's cell #: _____

Siblings: _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Mother's name: _____ Birthplace: _____

Employer/occupation: _____ Work # _____

Father's name: _____ Birthplace: _____

Employer/occupation: _____ Work # _____

Driver's License # Mother: _____ Father: _____

Church affiliation: Mother: _____ Father: _____

Comments: Is there anything regarding your child that we should know to help him or her have a happy year? Please include your child's interests. _____

Does your child have any physical or medical condition/reaction that would require immediate attention? _____

Allergies: list any allergies PLEASE BE SPECIFIC: _____

PLEASE ATTACH A HEALTH RECORD/IMMUNIZATIONS (within one year).

It is suggested that each child also have a recent tetanus shot.

Persons to call in case parent is unable to be contacted:

_____ Phone# _____

_____ Phone# _____

Pediatrician:/doctor:

In case of sudden illness or accident, do we have your permission to send your child to a doctor or hospital for emergency care? YES _____ NO _____ Name of hospital: _____

Please return registration form to:

Mrs. Carol Klausner, CMNS Registrar
3546 Craig Rd., Clinton, NY 13323

~or~

Mrs. Angela Kramer, Director
105 Utica St., Clinton, NY 13323

Please include a \$25.00 non-refundable registration fee.

Checks may be payable to
Clinton Methodist Nursery School

Permission: With regard to my child, _____, CUMCNS has my permission to:

1) use my child's photo for publicity purposes (newspaper, facebook, etc) Yes _____ No _____

2) take supervised field trips during the school year (carseat required for each child) Yes _____ No _____

Parent's Signature: _____ Date: _____