

Playtime at St. Peter  
Adult/Child Program  
  
REGISTRATION FORM  
Session Registering For: \_\_\_\_\_



*St. Peter Lutheran Nursery School  
1608 Harbourton-Rocktown Rd.  
Lambertville, NJ 08530*

**Child's full name** \_\_\_\_\_ Circle one: male / female

Name child goes by \_\_\_\_\_ Date of birth \_\_\_\_\_

Child's street address \_\_\_\_\_

city, state, zip \_\_\_\_\_

home phone \_\_\_\_\_

**Mother's name** \_\_\_\_\_ Email address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home phone (if different) \_\_\_\_\_ Cell phone \_\_\_\_\_

**Father's name** \_\_\_\_\_ Email address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home phone (if different) \_\_\_\_\_ Cell phone \_\_\_\_\_

Names and ages of siblings:  
\_\_\_\_\_

I learned about your program from \_\_\_\_\_

Does your child have any medical problems or allergies of which we should be aware?  
(please explain) \_\_\_\_\_

Please list any additional information that may be beneficial:  
(previous school experience, special concerns, child's fears, etc...)