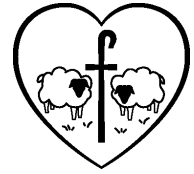


School Year
2019 - 20

Registration Form

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



Child's full name _____ Name child goes by _____

Date of birth _____ Circle one: male / female

Street address _____

City, state, zip _____

Landline phone # (if applicable) _____

Mother's name _____ Phone # _____

Address (if different) _____

Email address _____ Occupation _____

Employer _____ Work phone # _____

Employer address _____

Father's name _____ Phone # _____

Address (if different) _____

Email address _____ Occupation _____

Employer _____ Work phone # _____

Employer address _____

Names and ages of siblings: _____

Name of church which you attend (if applicable) _____

Program registering for (circle one): Tiny Tots Preschool Pre-K

Parent signature: _____ Date _____

For School Use Only:

Approved _____ Date: _____
(Director's signature)

Health Information

Child's full name _____

Child's physician _____ Phone _____

Physician's address _____

Emergency medical authorization: Please read and check box

In the event that a medical emergency occurs and I cannot be contacted, I authorize St. Peter Lutheran Nursery School to seek emergency medical care for my child as deemed necessary by the Director.

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

If your child has an allergy, is he/she prescribed an epi-pen? Yes _____ No _____

Does your child have any special food restrictions? (please specify.)

Other special needs (please also use back of form if needed):

Please have the Universal Child Health Record and an immunization record completed by your child's doctor and returned to SPLNS prior to the start of the 2010-20 school year.

Parent signature: _____ Date _____

Emergency Contact and Pick Up Authorization Form

Child's name _____

Please list persons (other than parents) that we may contact in the event of an emergency and have authorization to pick up your child, if a parent/guardian cannot be reached. At least two emergency contacts are required.

Name _____ **Relationship** _____

Address _____

Phone _____ alt. Phone _____

Name _____ **Relationship** _____

Address _____

Phone _____ alt. Phone _____

Please list additional persons who may pick up your child.

Name _____ **Relationship** _____

Address _____

Phone _____ alt. Phone _____

Name _____ **Relationship** _____

Address _____

Phone _____ alt. Phone _____

Please list persons who *may not* pick up child:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate documents (court order).

Parent signature _____ Date _____