ST. JOHN'S LUTHERAN NURSERY SCHOOL 1675 Coates Ave., Holbrook, NY

(631) 588-4347 - FAX (631) 588-8159

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SUMMER PROGRAM REGISTRATION FORM - 2020

CHILD'S FULL NAME:	REGISTRATION DATE:
ADDRESS:	
TELEPHONE #:AGE:_	
MOTHER:	FATHER:
ADDRESS/PHONE (if different from above)	
FAMILY PHYSICIAN:	PHONE:
PERSON RESPONSIBLE FOR CHILD IF PAREN	TS WORK OUTSIDE OF HOME:
NAME	TELEPHONE:
ADDRESS:	
NAMES AND BIRTHDATES OF BROTHERS/SIST	·
IS YOUR CHILD TOILET TRAINED? YES_	NO
DOES YOUR CHILD HAVE ANY ALLERGIES?	
HAS YOUR CHILD HAD ANY PRESCHOOL EXP	ERIENCE? YES NO
IF YOUR CHILD PREVIOUSLY ATTENDED ST. J	OHN'S, WHO WAS HIS/HER TEACHER?
SIGNATURE:	DATE:
RELATIONSHIP TO CHILD:	