

**\*\*Public Registration Opens\*\***

**Mon., January 3, 2022**

**Paoli Methodist Nursery School**  
**81 Devon Road**  
**Paoli, PA 19301**  
REGISTRATION FORM 2022/2023

1. NAME OF CHILD \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

2. We are interested in: 4 Year Old Program: \_\_\_\_\_ Five day \_\_\_\_\_ Four day (M-Th)  
3 Year Old Program: \_\_\_\_\_ Five day \_\_\_\_\_ Three day (MWF) \_\_\_\_\_ Two day (T,Th)  
2 Year 7 Month Program: \_\_\_\_\_ Two Day (T,Th) must be 2 by Feb. 15, 2021  
January 2-Day Program: \_\_\_\_\_ Two Day (T,Th) must be 2 by June 1, 2021

3. The name you want your child to recognize and be called \_\_\_\_\_

4. Present age \_\_\_\_\_ Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Age child will be September 1, 2022: Years \_\_\_\_\_ Months \_\_\_\_\_

6. Address \_\_\_\_\_  
No. Street City Township Zip Code

7. Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

8. Email \_\_\_\_\_

9. Previous school experience: Where \_\_\_\_\_ When \_\_\_\_\_

10. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_

11. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_

Business Phone \_\_\_\_\_

12. Does either parent have a background in Elementary or Early Childhood Education?

Parent \_\_\_\_\_ Level \_\_\_\_\_

Highest Degree \_\_\_\_\_ Current Level Certificate \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Are parents ( ) together ( ) divorced ( ) separated ( ) deceased

14. Other children in family: please give names and ages. \_\_\_\_\_

15. Child's play interests \_\_\_\_\_

16. What contacts has child had with other children? \_\_\_\_\_

17. HEALTH HABITS:

Rest: A.M. awakening \_\_\_\_\_ Bedtime \_\_\_\_\_ Nap length \_\_\_\_\_

Elimination: Problems with toilet habits \_\_\_\_\_

List any pertinent birth information \_\_\_\_\_

List any serious accidents and dates \_\_\_\_\_

List any operations and dates \_\_\_\_\_

List any allergies \_\_\_\_\_

Describe any developmental issues requiring special attention \_\_\_\_\_

18. EMERGENCY NAMES TO BE CALLED IF NEITHER PARENT CAN BE REACHED

**PLEASE USE LOCAL NAMES ONLY**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

19. Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

20. How did you hear about our school? \_\_\_\_\_

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\*Attach a registration fee of \$85 and return to school.

**PLEASE NOTE:** Application cannot be accepted unless registration fee is attached. **Registration fees and Tuition payments are NOT refundable.**

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FOR OFFICE USE ONLY

Date Application Received \_\_\_\_\_

Payment Received: Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_