****Public Registration Opens****
Mon., January 5, 2026

Paoli Methodist Nursery School
81 Devon Road
Paoli, PA 19301
REGISTRATION FORM 2026/2027

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) _____
2 Year 7 Month Program:_____ Two Day (T,Th) must be 2 by Feb. 14, 2026

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, 2026: Years_____ Months_____

6. Primary language spoken at home: _____

7. Address_____
No. Street City Township Zip Code

8. Telephone Numbers: 1. _____ 2. _____

9. Primary Email: _____

10. Previous school experience: Where_____ When_____

11. Parent #1 Name_____ Occupation_____

Business Name_____ Address_____

12. Parent #2 Name_____ Occupation_____

Business Name_____ Address_____

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

Parent_____ Level_____

Highest Degree_____ Current Level Certificate_____ Yes _____ No

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

15. Other children in family: please give names and ages._____

16. Child's play interests_____

17. What contacts has the child had with other children? _____

18. HEALTH HABITS:

Rest: A.M. awakening _____ Bedtime _____ Nap length_____

Potty training: describe any challenges _____

List any pertinent birth information _____

List any serious accidents and dates _____

List any operations and dates _____

List any allergies _____

Has your child been recommended for/receive support services for developmental delays or special needs? _____

Please describe below and attach documentation._____

_____

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

PLEASE USE LOCAL NAMES ONLY

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

20. Family Doctor _____ Phone _____

21. 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.**

FOR OFFICE USE ONLY

Date Application Received _____

Payment Received: Amount $ _____ Check #_____