



CLASS PREFERENCES:

1. _____
2. _____
3. _____

167 Scarsdale Road | Tuckahoe, NY 10707
asburynurseryschool.com | 914.779.3762

REGISTRATION FORM

CHILD'S NAME _____ NICKNAME _____ DATE OF BIRTH _____ M/F _____

PARENTS' NAMES _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PARENTS' BUSINESS NAME _____ BUSINESS PHONE _____

LANGUAGES SPOKEN AT HOME (*OTHER THAN ENGLISH*) _____

NAMES AND BIRTHDAYS OF OTHER CHILDREN IN THE FAMILY _____

HAS YOUR CHILD BEEN IN NURSERY SCHOOL OR PLAY GROUPS BEFORE? (*CIRCLE ONE*) YES NO

DOES YOUR CHILD HAVE ANY ALLERGIES? *IF YES, PLEASE EXPLAIN.* (*CIRCLE ONE*) YES NO

DO YOU HAVE ANY ADDITIONAL COMMENTS WHICH MAY HELP US TO KNOW YOUR CHILD BETTER?

PARENT'S SIGNATURE _____ DATE _____