

**2012-2013
Registration Form
'Tween Tots Nursery School
Trinity Evangelical Lutheran Church
102 N. Hellertown Ave.,
Quakertown, PA 18951**

Classroom Phone: 215 536-4060

Leesa Wimmer, Director

Child's Name _____
Name/Nickname preferred _____
Age/Birthdate _____
Address _____
Home phone _____ **email** _____

Class you are registering for:

- _____ Three year olds, Tuesday/Thursday, 9:00-11:15.
_____ Four year olds, Monday/Wednesday, 9:00-11:15
_____ Four year olds, Tuesday/Wednesday/Thursday, 12:45-3:00

Parent Information

Mother's name _____
Mother's address (if different from child) _____
Mother's phone: (home) _____ (cell) _____
Employer _____
Business phone _____

Father's name _____
Father's address (if different from child) _____
Father's phone: (home) _____ (cell) _____
Employer _____
Business phone _____

Siblings

Names and ages of siblings:

Physician Information (Medical form, signed by Physician, must be on file the day school begins).

Name of child's Physician: _____
Address of Physician: _____
Phone: _____

In case of an emergency, we will attempt to reach parents first. Please list at least two people we may call if you cannot be reached. List someone near by, and inform them that they are an emergency contact person for your child.

Name of emergency contact _____
Relationship to child _____
Phone: (Home) _____ **(cell)** _____

Name of emergency contact _____
Relationship to child _____
Phone: (Home) _____ **(cell)** _____

Name(s) of Adult(s) who may be picking up your child at 'Tween Tots. We may ask you to provide photo identification upon pick-up of child.

Name of Adult

Relationship to child

What are your child's interests and activities? What do you want us to know about your child?