Bellmore United Methodist Nursery School

2640 ROYLE STREET • BELLMORE • NEW YORK 11710 • www.bellmoreumc.org
516-221-1483 classroom • 516-221-1220 office

ANNUAL REGISTRATION FORM

3 YEAR & 4 YEAR PROGRAMS

Today's Date: _____

Name of Child: _____ Date of Birth: _____

Address: _____ Tel. # _____

☐ Male ☐ Female

Parents' Full Names: _____

Father's Occupation: _____ phone # _____ cell # _____

Mother's Occupation: _____ phone # _____ cell # _____

Emergency Phone Numbers: _____

Relationship (i.e.; relative, neighbor) _____

Child's Doctor: _____

Doctor's Address: _____

Doctor's Phone #: _____

Other Children in Household: (names and ages): _____

Other Adults: (names and relationships): _____

Prior Nursery School Experience: _____

Special Interests: _____

Behavior Problems, if any: _____

Fears: _____

Please return with a $50.00 non-refundable fee to:
United Methodist Nursery School, 2640 Royle Street, Bellmore, NY 11710

I am interested in: (please circle one)

4 Year Old Class
3 day / 4 day / 5 day
AM / PM

3 Year Old Class
2 day / 3 day
AM / PM

★ **Enrollment is on a first come first serve basis** ★

WHERE DID YOU HEAR ABOUT US? FRIEND _____ RELATIVE _____ ADS _____ OTHER _____