Porterfield Nursery School

Registration Form

2200 Dawson Road

229.518.4782

Child's Name: _____ **Male/ Female**
First **Middle** **Last**

Name Child is Called: _____ **Age on 9-1**_____ **DOB:** _____

Address: _____
Street **City** **Zip**

Father's Name: _____ **Cell Number:** _____

Mother's Name: _____ **Cell Number:** _____

Email Address: _____ **Phone:** _____

List any special needs your child may have (dietary, behavioral, physical, etc.): _____

_____

_____

Days Attending (select 2): Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Hours Attending (select 1): 8:00am - 12:00pm____ 9:00am - 1:00pm_____

Home Church: _____

How did you hear about us? _____

I understand and agree that all registration fees paid shall not be refunded. I further understand that I am required to submit written notice of withdrawal *one* month in advance and that month would be required.

_____
Parent Signature **Date**

Cash: _____ **Check #:** _____ **Registration:** _____ **Supply:** _____