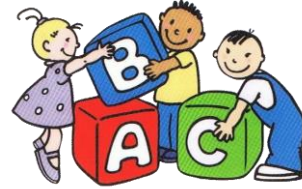


# Porterfield Nursery School

## 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.):

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

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: \_\_\_\_\_