

# Bellmore United Methodist Nursery School

2640 ROYLE STREET • BELLMORE • NEW YORK 11710 • www.bellmoreumc.org

516-221-1483 classroom • 516-221-1220 office

## BI-ANNUAL REGISTRATION FORM ONE STEP UP SEPARATION PROGRAM (30 months-3 yrs)

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. # \_\_\_\_\_

**\*Allergies:** Please attach any allergies with registration form

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 \$25.00 non-refundable registration fee to:  
United Methodist Nursery School, 2640 Royle Street, Bellmore, NY 11710

I am interested in: (please check days and session)

MONDAY  WEDNESDAY  FRIDAY

AM 9:30-11:30  PM 12:00-2:00

★ Enrollment is on a first come first serve basis ★

WHERE DID YOU HEAR ABOUT US? FRIEND \_\_\_\_\_ RELATIVE \_\_\_\_\_ ADS \_\_\_\_\_ OTHER \_\_\_\_\_