

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 **TWO-GETHER TIME PROGRAM (21 months - 3 years)**

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): _____

Allergies: _____

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

TUESDAY 9:30-10:45am THURSDAY 9:30-10:45am

★ Enrollment is on a first come first serve basis ★

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