

School year: _____ - _____

For Office Use Only:

Received: _____

Wait List: _____

Placement: _____

**COOPERATIVE NURSERY SCHOOL
RIDGEWOOD UNITED METHODIST CHURCH**

REGISTRATION FORM

Male: _____ Female: _____

Child's Name: _____
Last First Nickname

Address: _____
Street Town Zip

Birthdate: _____ Phone: _____ Cell phone: _____

Email address (opt) _____

Mother's Name: _____ Father's name: _____

Father's Occupation: _____ Phone: _____

Company: _____

Address: _____

Hobbies, Interests, etc. _____

Mother's Previous or Current Occupation: _____

Company: _____ Phone: _____

Address: _____

Hobbies, Interests, etc. _____

Are the parents living together? _____ If not, with which parent does the child reside? _____

If parents are separated, please give specific instructions concerning visiting and pick-up by the other parent.

Other members of the household:

Name

Date of Birth

Relationship

Is a language other than English spoken in the home? _____ As the primary one? _____

Which language(s)? _____

Has anything happened in the family that might adversely affect the child's transition to school?

Emergency Contacts: _____ Phone: _____

Contact #2: Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Written Authorization from Parent(s) for Emergency Care:

Signature: _____

Allergies: _____

Child's previous group experience: _____

Has the child complete control of urination? _____ Bowels? _____

Is the child's enunciation distinct? _____ Understandable? _____ Difficult? _____

_____ I am interested in a "buy_out" for co-oping in the classroom (not available in the 2's)

Please select a first (1) and second (2) choice:

_____ 21/2 - young 3 class Mon/Wed a.m. _____ 3's class Tue/Wed/Thu p.m.

_____ 21/2 - young 3 class Tue/Thu a.m. _____ 3's class Tue/Thu p.m.

_____ 3's class Tue/Wed/Thu a.m. _____ 4's class Tue/Wed/Thu p.m.

_____ 4's class Mon/Tue/Wed/Thu a.m. _____ 4's class Mon/Tue/Wed/Thu p.m.

In addition to classroom and Fall Festival participation, each family is required to fill an additional organization post. Please indicate 5 choices in order of preference by numbering 1-5. (*Board Positions). See attached sheet for job descriptions.

_____ I am interested in a "buy-out" for my committee position.

- | | | | | | |
|------------------------|-----|-------------------------|-----|-----------------------|-----|
| *Co-President | ___ | Administrative Ass't. | ___ | Kitchen/Recycling | ___ |
| *Secretary | ___ | Arts 'n' Crafts | ___ | Library/Book Fair | ___ |
| *Treasurer | ___ | Book Club/Fair | ___ | Lunch & Play | ___ |
| *Registrar | ___ | Childcare Coordinator | ___ | Maintenance/Safety | ___ |
| *Parent Advocate | ___ | Class Mom | ___ | Purchasing | ___ |
| *Spring Sing | ___ | Digital Camera | ___ | Scrip Coordinator | ___ |
| *Publicity | ___ | Fall Festival Committee | ___ | Special Events Comm. | ___ |
| *Fall Festival | ___ | Fish Care | ___ | Spring Sing Committee | ___ |
| * Ways 'n' Means Chair | ___ | Hospitality | ___ | Webmaster | ___ |

This registration shall be considered upon the nonrefundable payment of a \$ 175.00 registration fee. (\$100 to be applied to November tuition payment.) Please make checks payable to: Co-op Nursery School-RUMC. Children who have not already visited the school will be asked to do so.

_____ Date

_____ Signature of Parent