

TRINITY PRESBYTERIAN NURSERY SCHOOL

*Sand, Sun & Fun!*

SUMMER SCHOOL 2011 APPLICATION

CHILD'S NAME \_\_\_\_\_ CLASS: \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
MOM'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
DAD'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**PLEASE REGISTER OUR CHILD FOR: (CHECK AS MANY SESSIONS AS YOU WISH)**

All sessions run from 9:00 – 12:00. Parents do not Co-Op. Snack provided.

**SESSION 1**       **SESSION 2**       **SESSION 3**       **SESSION 4**  
July 5, 6, 7      July 12, 13, 14      July 19, 20, 21      July 26, 27, 28

**TO REGISTER:** Submit this registration form with the total session fee(s) due --- \$80.00 per session---**by May 13. This fee is NOT refundable after May 27!** Session enrollment and waitlists will be selected by a Lottery System if necessary. Enrollment confirmations will be distributed the week of May 23rd.

**RELEASE & EMERGENCY INFORMATION**

I/WE authorize the nursery school staff to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care in case I/WE are not immediately available. I understand that a conscientious effort will be made to notify me or the persons listed below before such action is taken, and that I assume full responsibility for payment of any and all expenses incurred on my child's behalf.

\_\_\_\_\_ Date      \_\_\_\_\_ Parent/Guardian's Signature

**PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY: (Parents will be called first)**

NAME \_\_\_\_\_ Relationship \_\_\_\_\_ PH \_\_\_\_\_  
NAME \_\_\_\_\_ Relationship \_\_\_\_\_ PH \_\_\_\_\_

**PHYSICIAN INFO**

NAME \_\_\_\_\_ PH \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**LIST OF CHILD'S ALLERGIES OR PHYSICAL LIMITATIONS**