



REGISTRATION FORM

Child's Information:

Last Name	First Name	MI	Date of Birth
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Street Address	City	State	Zip	Telephone
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Physician's Name & Telephone

Mother/Guardian:

Last Name	First Name
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Street Address	City	State	Zip	Telephone
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Employer	Street Address	City	State&Zip	Telephone
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Father/Guardian:

Last Name	First Name
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Street Address	City	State	Zip	Telephone
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Employer	Street Address	City	State&Zip	Telephone
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In Case of Emergency Call:

Last Name	First Name	Telephone	Relationship
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Person who has custody:

Last Name	First Name	Street Address	City	State&Zip	Telephone
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Address Mail To:

Last Name	First Name	Street Address	City	State&Zip
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CERTIFICATION

I, _____, do hereby certify that the foregoing information on the above application form is true and correct to the best of my knowledge and belief. I further agree that the New Rochelle Day Nursery may contact persons and employers to verify information on this form, and I promise to ask for and complete a new application form should our family income change, or other conditions arise that would make the information given herein incorrect. I understand that falsification or omission of the required information may result in the termination of my child's participation in the program.

Date

Signature of Parent or Guardian

Date of Enrollment