
For office use only
Date received _____

Check # _____ Cash _____

Presbyterian Weekday Nursery School
REGISTRATION

Fill out the form and mail it or bring it to the school along with the registration fee.

Child's Name _____

Address _____

City _____ ST _____ Zip _____

Telephone _____

Beeper/Cell _____

Parent's Name(s) _____

Child's Birthdate _____

Circle one: Boy Girl

Class: Three year olds
 Morning (5 days) Afternoon (3 days)

 Four & Five year olds
Session preferred:
 Morning Afternoon Either

Amount enclosed: \$ _____

Please send this pre-enrollment form with registration fee to:
Presbyterian Weekday Nursery School
P.O. Box 744
Mishawaka, Indiana 46546
Phone: 574-259-7874

Website: www.fpcmishawaka.org

Upon receipt of this form, we will send medical forms and further enrollment information.