
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 Code _____

Telephone _____

Beeper/Cell _____

Parent's Name(s) _____

Child's Birthdate _____

Choose one: Boy _____ Girl _____

Class: Choose session preferred:

Three year olds

Morning (5 days) _____ Mornings (3 days) _____

Four & Five year olds (5 days)

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.