Whitehall Nursery School Registration Form

Please return this form with your $50.00 registration fee to: Date: _____

Whitehall Nursery School
3546 Fairmont Ave.
Fairmont, WV 26554

Child's Name _____
First Middle Last

Mailing Address _____

Phone Number to be put on our One Call Messaging System _____

Email Address _____

Telephone (Home) _____ (Father)_____ (Mother) _____

Emergency Phone Number and Contact _____
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Child's Date of birth _____ Sex _____ Right/Left Handed _____

What Kindergarten will your child attend? _____

Father's Name _____ Employer _____

Mother's Name _____ Employer _____

Martial Status _____ Religious Affiliation _____

Custodial Alert (If any, please explain) _____

Allergies, Medical Issues, Etc. (please explain) _____

_____

*Before enrolling, please ensure that your child' immunizations are up to date. As required by the Marion County Health Depart. a copy, signed by your child's physician must be submitted before your child can begin classes. If you do not have access to a copy machine, the school can make a copy for you.

Please indicate your class preference:
MWF 9:00am – 12:00 pm (4 year olds) _____ TTH 9:00am – 12:00pm (3 year olds) _____

Parent's Signature _____