

Whitehall Nursery School Registration Form

Please return form with registration fee to:

Date \_\_\_\_\_

Whitehall Nursery School  
3546 Fairmont Avenue  
Fairmont, WV 26554  
Phone: 368-0300

Child's Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_

Phone Number to be put on One Call Messaging System \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Business (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Emergency Phone Number & Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Right/Left Handed \_\_\_\_\_

What Kindergarten School will your child attend? \_\_\_\_\_

Father's Name \_\_\_\_\_ Where Employed \_\_\_\_\_

Mother's Name \_\_\_\_\_ Where Employed \_\_\_\_\_

Marital Status \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Custodial Alert (Explain) \_\_\_\_\_

Allergies, Medical Problems, etc. – Please explain \_\_\_\_\_

\*Make sure your child's immunizations are up to date. A copy signed by your child's physician is required. If you do not have access to a copy machine, the school can make a copy for you.

Please indicate class preference:

MWF-1 9:00-11:00am (4 yr. olds) \_\_\_\_\_

MWF-2 12:00-2:00 pm (4 yr. olds) \_\_\_\_\_

TT-1 9:00-11:00am (3 yr. olds) \_\_\_\_\_

TT-2 12:00-2:00pm (3 yr. olds) \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

Please tell us how you heard about our nursery school:

Friend \_\_\_\_\_

Relative \_\_\_\_\_

Newspaper Add \_\_\_\_\_

Yellow Pages \_\_\_\_\_

Other \_\_\_\_\_