



## Registration Form

Name of Child \_\_\_\_\_ (M) (F) Birthdate \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Address (Mailing) \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Name of Father \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Nearest relative or friend to be contacted in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of those authorized to pick up your child from school

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician to be contacted in case of emergency when parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I (the undersigned parent/guardian of the above named student) acknowledge that I have voluntarily applied to Incline Village Nursery School for enrollment and participation of the student in Incline Village Nursery School activities. For myself and on behalf of the student, I release, waive, and hold harmless the Incline Village Nursery School, its employees, agents, instructors, officers and trustees for injury, death, or damages to the student resulting from the student's participation in Incline Village Nursery School activities and the ordinary negligence of any employee, agent, or contractor of Incline Village Nursery School; and I agree to indemnify Incline Village Nursery School for any such damages. I authorize Incline Village Nursery School personnel to consent to all emergency medical care to be rendered by duly licensed medical personnel to the student. This care may be given under whatever conditions are necessary to preserve the health and safety of the student.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

We would like to welcome you and your child to the Incline Village Nursery School. The school is a non-profit organization. Our fundraisers play a large part in allowing us to offer a quality education with a reasonable tuition. You will be called upon to assist with two major fundraisers, the Pumpkin Patch (Fall) and the Italian Festival (Spring). Additional fundraisers may come up throughout the year for which participation is not mandatory, but appreciated. Thank you for your support.

A registration fee of \$100.00 is payable upon submittal of the registration application and is non-refundable.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_