

ENROLLMENT FORM



Stepping Stones Nursery School
46 Cherry Street
Danvers, MA 01923
978-777-9370
Steppingstonesdanvers.org

FOR SCHOOL USE ONLY
DATE OF ADMISSION: _____
AGE AT ADMISSION: _____

SCHOOL YEAR: _____
2 DAY AM: _____ 2 DAY PM: _____
3 DAY AM: _____ 3 DAY PM: _____

CHILD INFORMATION:

Childs Name: _____ Date of Birth: _____
Place of Birth: _____ Primary Language: _____
Home Address: _____
Telephone: _____
Sibling Information (name/age/school): _____

CHILDS IDENTIFYING INFORMATION:

Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____
Identifying Marks: _____
Allergies: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Child: _____
Home Address: _____
Home Telephone: _____
Business Name: _____ Business Telephone: _____
Business Address: _____
Hours at Work: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Relationship to Child: _____
Home Address: _____
Home Telephone: _____
Business Name: _____ Business Telephone: _____
Business Address: _____
Hours at Work: _____

If parents cannot be contacted, notify and release to:

Name: _____ Relationship to Child: _____
Address: _____
Telephone (day time): _____
Others in Family: _____

Name: _____ Relationship to Child: _____
Address: _____
Telephone (day time): _____
Others in Family: _____

Child's Physician Name: _____
Telephone: _____

Parent/Guardian Signature: _____ **Date:** _____