Date Registered	AGE on 8/1/21	(years)	(months)
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UNITED CHURCH NURSERY SCHOOL

85 Kentucky Avenue, Oak Ridge, Tennessee 37830 **865-482-2221** email: **unitedchurchns@yahoo.com**

NURSERY SCHOOL MORNING & AFTERNOON REGISTRATION APPLICATION

NAME OF CHILD			
NAME TO BE CALLED	BIRTHDATE		
		HOME PHONE	
ADDRESS (street or box #, city, z	zip code)		
PARENT/GUARDIAN NAME	PHONE_	EMAIL	
PARENT/GUARDIAN NAME	PHONE_	EMAIL	
Please sign below indicating your permission to h	ave your family's n bove) on the class l		vritten
Sig	nature of parent/gua	ardian	
Please sign below indicating your permission for your	our child's picture to newspaper articles		ys, or in
Sig	nature of parent/gua	ardian	
Please sign below indicating your permission for you staff, such as Department of Human Services staff, C service providers such as speech or occupational there	Child Care Resource		
Si	gnature of parent/gu	ardian	
	INDICATE PREI		
2 days/week Tues-Thu	nrs	_2 days/week Mon-Wed <i>youngest room only</i>	
3 days/week Mon-We	d-Fri	5days/week Mon thru Fri	
AFTERNOON CLASSES (mu Children must be at least 2 Mon 12:00-1:30			
Tues 12:00-1:30	OR	Tues 12:00-2:55	
Wed 12:00-1:30	OR	Wed 12:00-2:55	
Thurs 12:00-1:30	OR	Thurs 12:00-2:55	
Child's T-Sl	nirt size		
Would you like to be contacted with info	ormation about The	United Church?	

SUBMIT REGISTRATION FEE WITH THIS FORM TO REGISTER: