Nursery Form Online

Online Nursery Registration Form

Child's Information

- **Full Name:** _____
- **Birth Date:** _____
- **Age:** _____
- **Gender:**
  - ☐ **Male**
  - ☐ **Female**
  - ☐ **Other**

Parent/Guardian Contact

- **Parent's Name:** _____
- **Relationship:** _____
- **Email:** _____
- **Contact Number:** _____
- **Address:** _____

Emergency Details

- **Emergency Contact Name:** _____
- **Phone Number:** _____
- **Relationship to Child:** _____

Enrollment Information

- **Preferred Start Date:** _____
- **Full-Day or Half-Day Program:**
  - ☐ **Full Day**
  - ☐ **Half Day**

- **Days Needed (Check all that apply):**
  - ☐ **Monday**
  - ☐ **Tuesday**
  - ☐ **Wednesday**
  - ☐ **Thursday**
  - ☐ **Friday**

Consent for Photos/Videos

- **Do you consent to photos or videos of your child being taken during activities?**
  - ☐ **Yes**
  - ☐ **No**

Digital Signature

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