

Hilltop Christian Nursery School 2024-2025 Registration Form

Application Date _____

Full Name of Child _____ Sex _____
First Middle Last

Name we Prefer our Child to be Called (and how it will be written in the classroom) _____ Home Phone _____

Address _____ Town _____ Zip _____

E-Mail _____ Date of Birth _____

Father/Guardian's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Mother/Guardian's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Church Affiliation _____

Other members of household (relationship to child, age of brothers and sisters) _____

Who recommended Hilltop Christian Nursery School to you? _____

In case of emergency, name two local people who may be contacted if we are unable to reach parents/guardians.

1. _____ Phone _____

2. _____ Phone _____

Family Physician _____ Location _____ Phone _____

General condition of child's health _____

Physical, mental, or emotional limitations _____

Is your child receiving any support or services from an agency of any kind? Yes _____ No _____

If yes, please explain _____

Allergies _____

CHILDREN MUST BE FULLY IMMUNIZED PRIOR TO THE FIRST DAY OF SCHOOL!

I am registering for the following program: (The child must be that age before October 1st to enroll)

(3 yr. old) _____ (4 yr. old) _____ (5 yr. old) _____

Has your child had previous nursery school experience? _____ If so, where? _____

Has your child attended church, neighborhood, or other group activities? _____

Does your child have experience playing with other children? _____

By nature is your child: Friendly _____ Aggressive _____ Shy _____ Withdrawn _____ Other _____

Does your child play well alone? _____

How does your child relate to new people and new situations? _____

Does your child stay with a sitter: Rarely _____ Occasionally _____ Often _____

Has your child had an unusual experience, such as an accident, or does your child have any strong fears?

Is there any additional information that teachers should know to help make school a more enjoyable experience for your child? _____

Explain your reason or reasons for wanting your child to experience nursery school. _____

Do you have any special talents, skills, or hobbies you could share with the children? (i.e. dance, music, crafts, etc.) _____

(signature)

A non-refundable registration fee of \$40 must accompany this form. Make your check payable to Hilltop Christian Nursery School. Send the check and the registration form to Hilltop Christian Nursery School at the address listed below. Once registered, you will receive a confirmation postcard in the mail. No registrations will be accepted without the completed form and fee.

Hilltop Christian Nursery School
330 Hilltop Road
Hummelstown, PA 17036
717-533-8956

Because all of Hilltop's teachers are hired not only on the basis of their teaching skills, but also on their skills for nurturing and caring for children, NO REQUESTS for specific teachers will be considered.