

# Hilltop Christian Nursery School 2025-2026 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) \_\_\_\_\_ Preferred 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 referred you to Hilltop Christian Nursery School? \_\_\_\_\_

**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 1<sup>st</sup> 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?

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

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

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

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\_\_\_\_\_  
(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.**